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ABSTRACT

This course outline provides local agencies with a guide to be used in North Carolina training programs for chore providers who provide supportive services to aging and disabled persons. Critical training areas as well as suggested training methods and materials are identified. An introduction provided general information on content, instructional methods and materials facilities, costs, low literacy students, course requirements and evaluation, graduation, and further training. The outline for a 20-session, 60-classroom-hour course consists of six basic training units: orientation, nutrition, home management, personal care, aging, and communication. For each unit, the corresponding chore-provider job tasks, performance objectives, and performance measures are identified. The knowledge and/or skill areas needed to perform the job tasks are presented with suggested teaching methods and materials. Appendixes, amounting to two-thirds of the document, include suggested handouts organized by units, an 18-page annotated list of sources for teaching materials and information divided by units, and a two-page course evaluation form. (YLB)

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CHORE SERVICES

COURSE OUTLINE

By
Gael A. Hallenbeck

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Occupational Program Services
Department of Community Colleges
Raleigh, North Carolina

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INTRODUCTION

The choice to live independently and to remain in one's home should be available to everyone whenever possible. While recognizing the necessity of group care in instances where mental or physical disabilities preclude an independent living situation, in most cases aging and disabled persons can continue an independent life style in varying degrees if they have appropriate supportive services. Where no responsible person is available to provide needed help, chore services enables these individuals to defer or prevent institutionalization by providing quality services to meet basic needs, including the performance of essential household and personal tasks rendered under guidance and supervision. Under the current state social services plan, it is mandatory that either chore services or homemaker services be available in every county in North Carolina.

Counties may provide chore services through one or more of the methods listed below.

1. Flat-Rate Exempt Employee Method: Chore providers are employed as staff members of the county department of social services. The chore providers are hired, trained (directly or indirectly), supervised, and paid by the department.
2. Cash Payment Method: Chore providers are hired, supervised and paid by the client (chore services recipient). The chore provider may be trained by the local department of social services or through other community resources.
3. Purchase of Services Contract Method: Chore providers are hired, trained (directly or indirectly), supervised and paid by the contract provider. Under this method the county department of social services purchases chore services for clients through a purchase contract or vendor agreement.

In order to protect the health and safety of the chore services recipient, the North Carolina Division of Social Services requires that appropriate training be provided to all chore services providers. This course outline has been developed by the Division of Social Services in a cooperative effort with the Department of Community Colleges. It provides the local agencies with a guide to be used in their chore provider training programs. The guide identifies critical training areas as well as suggested training methods and materials.

(September, 1981)

NOTES TO INSTRUCTORS

This course outline consists of six basic training units: orientation, nutrition, home management, personal care, aging and communication. For each unit, the corresponding chore provider job tasks are identified. The knowledge and/or skill areas needed to perform the job tasks are identified with suggested teaching methods and materials. The intent of this course outline is to provide a consistent framework for chore provider training programs throughout North Carolina with sufficient flexibility to adapt to the local community.

Local Advisory Committee

It is strongly recommended that a chore provider training advisory committee be established by each local department of social services (DSS). The initial purpose of this committee would be to decide how the course outline should be adapted to meet the specific needs of the local department of social services and the community. The committee would also be able to identify resource people and materials for the training program. An ongoing function of the committee would be to evaluate the training program in terms of training quality and program modifications. It is suggested that the membership of this committee be broadly based and include local department of social services staff as well as representatives from other appropriate community agencies such as the local community college or technical institute, American Red Cross Chapter, Agricultural Extension Service, and county health department.

Course Content

Unit	Number of Sessions
Orientation	2
Nutrition	4*
Home Management	3
Personal Care	6
Aging	3
Communication	2

The total course consists of twenty sessions. The length of each session is about three classroom hours. Thus, the total course length is approximately sixty classroom hours.

*The first two sessions of the Nutrition Unit consist of instruction in basic nutritional principles. The remaining two sessions consist of an optional food laboratory experience.

The course may be taught as one discrete entity. In this manner, if half-day sessions are offered, the total course length would be one month. If a less concentrated course structure is desired, the units may be taught as separate entities with the total course being taught over a period of several months --not to exceed six months.

The teaching order of the units may be varied somewhat. It is recommended that the orientation unit be taught first. It is also recommended that the first two sessions of the nutrition unit (excluding the food laboratory) be taught prior to the home management unit.

Instructional Methods

Suggested instructional methods are included in the course outline. The actual teaching methods used may need to be modified to fit the backgrounds of the students and the availability of teaching materials. Many of the students will have had limited formal education. On the other hand, the students will bring a wealth of life experiences to the program. The instructors should keep formal lecture presentations to a minimum. A more informal lecture/discussion approach is recommended. Ample opportunity should be given for the students to contribute to the learning process based on their life experiences with the particular topic.

Because of the emphasis in the course outline on class discussion and small group exercises, it is advised that class size be limited to approximately fifteen students.

Instructional Materials/Facilities and Costs

Instructional materials for each unit are listed in the course outline. Appendix A contains a number of suggested student handouts for each of the six training units. Since there is no formal text for the course, it may be desirable to bind all or some of these handouts into individual student notebooks. Appendix B contains sources for additional instructional materials, including inexpensive booklets, pamphlets, and audiovisuals.

Most of the sessions may be held in a normal classroom setting with desks/tables and chairs. The food laboratory requires use of a kitchen. The personal care sessions are best taught in an environment designed for this purpose but may be taught in a modified classroom setting.

Final decisions regarding the selection, procurement and organization of course materials should be made by the local advisory committee. In making these decisions, consideration should be given to overall course organization, financial constraints, instructor suggestions and student backgrounds.

The course can be taught at very low cost using the materials from Appendix A and other free materials and films available in the local community. If budget constraints are very tight, the optional food laboratory (nutritional unit) can be omitted. The food laboratory is the only portion of the curriculum that requires financial resources. At this writing, the total cost of the food laboratory is between $4-5 per student.

If any funds are available, it is suggested that the following items be purchased:

1. A notebook for each student should be provided to organize and retain handouts and assignments. If possible, the notebook should contain dividers for each instructional unit.

2. A copy of the text Family Health and Home Nursing referred to in the personal care unit should be made available to each student. Depending on funding limitations, the text may be loaned to or purchased for the student.

Students with Low Literacy Skills

Students with low literacy or no literacy skills may be present in the training classes. Potential course instructors should be made aware of this possibility so that they may adjust their teaching methods accordingly.

If the number of low literacy students is small, no overall adjustments in the training methods need be made. In these situations, it may be best to occasionally provide special assistance to the low literacy student. For example, when students are asked to read material or write responses on an individual basis, another instructor may be assigned to assist the student with low literacy skills.

If the proportion of illiterate or nearly illiterate students is high in a given class, some changes in teaching methods or use of training materials should be made. In presenting a particular topic, the instructor should emphasize "how to" information. Theory, rationales, and other types of background information should be minimized and presented last, after the students have mastered the essential skills. For example, in a nutrition class with low literacy students, the instructor might concentrate on teaching the students how to prepare menus using the "Basic Four" model. Once the students have mastered this skill, the theoretical principles behind this model may be discussed. This teaching order (applications preceding theory) represents a reversal of the traditional teaching order. However, it has been shown to be a more effective method in teaching the low literacy student.

Below is a comparative listing of some traditional teaching methods and suggested modifications of these methods for the student with low literacy skills:

Traditional	Low Literacy
Vocabulary discussion	Drill/flash cards; use word in sentence
Student feedback at end	Feedback beginning, middle and end
Lecture	Conversational lecture/discussion
Case History	Personal experience
Cartoon/drawing	Real life photo
Models/simulated experience	Field trips, cook a meal
Role play	Show me how you would do it
Demonstrations	Demonstrations/return demonstrations
Reading/self study	Audio tapes
Film/filmstrip	Film/filmstrip with coaching (what to look for)

Teaching materials should also be carefully scrutinized before using them with the low literacy student. At a minimum, the basic reading levels of the material should be assessed for appropriate grade reading level. The presentation of written material is especially important for the low literacy student. Charts should be used only if they illustrate no more than 2 to 3 points. "Do's" and "Don't's" should not be mixed on a single handout. The material should elicit a high level of self-identification from the student via examples used and people portrayed.

Course Requirements and Evaluation

Specific course requirements need to be set by the local training advisory committee. At a minimum, an attendance requirement should be set. Each unit contains specific student performance objectives and performance measures. In some areas, it would seem advisable to view satisfactory attainment of each performance objective as a course requirement for each student. In other areas, failure of a student to meet a specific performance objective may be seen as an indication of future learning needs only.

Written tests are not recommended as evaluators of student learning. Since many of the students will have had limited, formal education, the use of written tests tends to serve only to raise student anxiety levels. Evaluation of student learning in a given knowledge area can be accomplished via class discussions, class assignments and drill reviews. Evaluation of student learning in a specific skill area can be accomplished via the demonstration/return demonstration technique. When using this method, the instructor must plan to further assess student learning by use of questions which focus on student understanding of steps, sequences, etc.. As much as possible, the instructor should try to involve students in the learning evaluation process by use of student self-evaluations and peer evaluations.

An evaluation form to obtain student reactions to the training sessions is included in Appendix A. The form could be used at the end of each unit.

Graduation

Upon successful completion of the course, it is suggested that the students receive public recognition of their accomplishments. A simple graduation ceremony could be held. At a minimum, certificates of course completion could be awarded. If the American Red Cross Home Nursing Course is taught as part of the Personal Care Unit, Red Cross Home Nursing certificates and pins could also be presented at graduation. If possible, the local press should be invited. Students should be encouraged to bring relatives or friends to the ceremony. For many students, completion of this course represents a major educational accomplishment. The agency-sponsored graduation ceremony communicates to the student that the agency is also proud of their achievements.

Further Training

This course outline is by no means an inclusive training program for chore providers. The course is a guide to the core knowledge areas required for chore providers. Agencies are encouraged to implement an in-service training program for chore providers. Some suggested topics to be covered in an in-service training program are death and dying, modified diets, recreational activities for the disabled or homebound, hearing and sight loss, food facts and fallacies, coping with strokes, and sexuality and aging.

Unit I: Orientation

Tasks: Read and understand a chore services contract
Complete required paperwork (time sheets, tax forms, etc.)
Communicate with other agency staff
Perform assigned duties in compliance with agency personnel policies

Performance Objectives:

Given a sample chore services contract, each student will be able to identify
hours of work,
duties to be performed by the chore provider, and
inappropriate duties.
Given other required agency forms, each student will be able to complete them correctly.
Given case examples, each student will be able to identify examples of
good/bad staff communication and
adherence to/violation of agency program personnel policies.

Performance Measures:

The instructor will measure student competency based on class participation and completion of individual assignments.

Knowledge/Skills	Suggested Methods	Materials
A. Introduction of Class 1. Instructor 2. Students	Any number of introductory exercises could be used here. The simplest exercise would be to split students into pairs. Each pair is given 5-10 minutes to "get acquainted." At the end of this time period, the total group reconvenes, and members of each pair proceed to introduce each other to the total group. (As a good lead-in to the next area and as part of the introductory process, each student could be asked to identify one learning goal he/she hopes to achieve from the training.)	Name tags for instructors and students Flip chart Magic marker Paper and pencil for each student

Knowledge/Skills	Suggested Methods	Materials
B. Introduction of Course Content 1. Basic subject areas a. Orientation b. Nutrition c. Home management d. Personal care e. Aging f. Communication	Lecture/discussion. Course content areas should be briefly discussed and related to individual learning goals identified above.	Handout: Copies of class schedule for each student (See sample in Appendix A, page 59)
2. Class schedule Each student should be able to follow the class schedule.	Call out calendar dates and ask individual students to identify subject and class location for that day.	
3. Course requirements Each student should know the course requirements.	Instructor should carefully go over course requirements in terms of attendance, absences, tests, homework, etc. Students should repeat requirements via question/answer process.	Either a 3-ring vinyl binder notebook or a folder with pockets should be given to each student. It will be used to keep notes, pamphlets, handouts, assignments, etc. The notebook is preferable since it can be more easily divided into the various subject areas.
C. Agency Orientation 1. Funding (Federal/State/County) 2. Financial assistance programs (AFDC, Medicaid, State/County Special Assistance for Adults, Food Stamps) 3. Service programs (Children's Services, Adult Services)	Areas C and D can be presented by the lecture/discussion method. Emphasis should be placed on those programs which benefit the elderly/disabled population.	Department of Social Services (DSS) staff would be excellent resource people to teach areas C and D. Pamphlets/ slides/handouts describing various agency programs.

Knowledge/Skills	Suggested Methods	Materials
D. Community Agency Orientation Students should be able to identify potential community agencies which could assist clients with their problems.	The specific agencies to be discussed will depend on the local situation. See Appendix B, p. 181 for some suggestions. At the conclusion of Areas C & D, student competency is assessed by a small group exercise. The class is broken up into groups of 4-6 students. Each group is given a case example. The students are asked to brainstorm a list of all the possible agencies that could assist in resolving the client's problems.	Handout of names and telephone numbers for frequently called agencies. Handout: Community Resources Case Examples (See suggested examples in Appendix A, page 61)
E. Chore Services Program Overview 1. Definition of chore services: (North Carolina Division of Social Services Family Services Manual, Volume V, Chapter I, Section 5010, III A. This manual is available from the local department of social services or from the North Carolina Division of Social Services.)	Lecture/Discussion	Flip chart Magic marker A DSS social worker who works with chore services recipients would be a good resource person to teach or assist in this area.
2. Goals of Chore Services: a. Economic self-support b. Personal self-sufficiency c. Preventing or remedying abuse, neglect or exploitation d. Preventing or reducing inappropriate institutional care	Case examples could be used to illustrate how chore services has helped clients to achieve these goals.	
3. Client eligibility a. Financial criteria b. Service criteria		See Family Services Manual, Volume V, Chapter I, Section 5020 for further explanation of eligibility criteria if social workers or other DSS personnel are not available to assist with this part.

Knowledge/Skills	Suggested Methods	Materials
F. Chore Provider Role 1. Meeting client's Basic Needs Physical Needs: Housing Food Clothing Rest Exercise Emotional Needs: Love Acceptance Security Recognition Socialization	Group Exercise: Divide class into two groups. Have one group discuss how they meet their own Basic Needs. Have the second group imagine themselves as elderly, home-bound clients who receive chore services. This group would discuss how the clients meet their Basic Needs. The two groups are brought back together and comparative lists are made of how each meets its Basic Needs. Emphasis is placed on the role of the chore provider in assisting elderly/disabled clients to meet their Basic Needs.	Flip chart Magic marker 2 group leaders
2. Render in-home services in areas of meal preparation, home management, personal care, and transportation	This area can be introduced via the pre-test, "Chore Provider Duties?" Answers are gone over with the total group. Answer key: Yes: 1,3,4,8,9.10,12 No: 2,5,6,7,11. Emphasis is placed on duties chore providers cannot do which are more specialized duties such as #2, 7, 11. Discuss the difference on #2 between giving medications and monitoring or assisting with medications.	Handouts: 1. Chore Provider Duties? 2. Tasks Which May Be Performed By Chore Providers (See Appendix A, pp. 63 and 65)
G. In-Home Services Team Concept 1. Role of social worker - assesses total client service needs, arranges for all services, hires chore provider, supervises chore provider. 2. Role of chore provider supervisor - not all agencies will have this role defined. Where it is defined, the role of the chore provider supervisor is on-the-job supervision of the chore provider. 3. Role of chore provider - See F. above.	This material can be presented several ways. Lecture and discussion with case examples is one possibility. An especially effective method is to have a panel discussion with a social worker, chore provider supervisor, and a chore provider each discussing respective duties and responsibilities.	

Knowledge/Skills	Suggested Methods	Materials
a. Each student should be able to read and understand a chore services contract. b. The student should be able to identify <u>how</u> and <u>when</u> to contact the agency regarding work problems.	Using samples of chore services contracts actually utilized by the agency, have each student identify: 1. Specific duties 2. Frequency of duties 3. Working days & hours 4. Wages 5. Methods of changing contract Lecture/discussion regarding correct way to contact the agency: agency telephone number, social worker and/or chore provider supervisor's name, how to leave messages, how to get immediate advice in emergencies (for example, ask for a supervisor). Have group brainstorm on types of problems for which agency contact by the chore provider is necessary: Unable to work Termination of employment Client in hospital Client death Client service needs Questions about contract, etc.	Mock sample contracts - one per student Flip chart Magic marker
H. Chore Services Agency Regulations and Policies 1. Method of payment The student should be able to understand and complete the necessary forms required for the payroll process.	Have each student complete time sheets, tax forms, day sheets, etc. as appropriate to their specific situation.	Sample tax forms and time sheets for each student. (These will vary for different agencies and should be obtained directly from the local DSS.) It may be helpful to have someone from the local DSS teach this part of the course.

Knowledge/Skills	Suggested Methods	Materials
2. Personnel Policies a. Areas (1) Personal appearance (2) Attendance and punctuality (3) Confidentiality (4) Termination (5) Loaning/borrowing money from clients (6) Discussion of personal problems with clients (7) Other policies specific to the local program b. Skills Each student should be able to identify the correct behavior (in compliance with established personnel policies) for typical job situations.	Lecture/discussion of local agency personnel policies Written exercise. Each student is given examples of typical on-the-job situations involving application of established personnel policies. The student is asked to identify the correct behavior for each situation that would be in compliance with agency policy. After each student has completed the exercise, the instructor should collect the papers and go over the correct responses.	Handouts supplied by local DSS on chore services agency personnel policies if they exist. If such policies do not exist, at least the areas under H-2 should be discussed. Handout: Chore Service Agency Personnel Policies Exercise (See sample in Appendix A, page 67)

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Unit II: Nutrition

Tasks: Plan nutritious menus
Make a grocery list
Prepare meals

Performance Objectives:

Given a food label, each student will demonstrate understanding of the information presented on it by answering written or oral questions.
Using basic, nutritional principles, each student will plan a one day menu and a shopping list.
Using a recipe, each student will prepare a food item using appropriate cooking techniques.

Performance Measures:

The instructor will measure student competency based on class participation and completion of individual assignments.

Knowledge/Skills	Suggested Methods	Materials
A. Definition of Nutrition 1. Taking food into the body - includes food preparation as well as eating 2. Using food inside the body - digestion, absorption, utilization B. What is good nutrition? - Getting proper amounts of: 1. Proteins 2. Fats 3. Carbohydrates 4. Vitamins 5. Minerals/water 6. Calories (energy measures)	Lecture/Discussion Films or Filmstrips Process any audiovisual materials used to make sure students have heard important points. Suggested methods include: 1. Asking a predetermined series of review quesions and having student volunteers respond orally. 2. Going around the class and asking each student to state one new fact learned from films. (Method #1 insures that all important points are covered. Method #2 maximizes individual student involvement.)	A good resource person/teacher for the nutrition unit would be a nutritionist. (Most county health departments now employ nutritionists). Film or filmstrip Projector Suggested films or filmstrips: "Nutrition: The Inner Environment" "What's Good to Eat", available through the Division of Health Services Film Library Handout: Elements of Good Nutrition (See Appendix A, page 69)

Knowledge/Skills	Suggested Methods	Materials
C. Basic Four Groups 1. Milk and milk products 2. Meat (poultry, fish, beans) 3. Fruits and vegetables 4. Grains (breads and cereals) Discuss the obvious omission of salt, fats, oils, sweets, and alcoholic beverages. No specific serving size is recommended for such food items as fats, mayonnaise, salad dressing, highly sugared deserts and beverages. These foods can be used to round out meals as long as Basic Four nutritional requirements are met. Note that fats and sweets contain few nutrients in proportion to the number of calories.	Lecture/Discussion Films or Filmstrips Emphasize for each group: 1. Basic nutrients each provides 2. How many servings are required per day 3. The size of a serving* *This concept is most effectively taught by demonstration. If possible, have various portion sizes of a variety of foods. Have students guess which ones represent a "Basic Four" serving. Any easily obtainable foods may be used. However, it is suggested that the following portions be illustrated as they are often difficult for students to conceptualize: 2 ounces cheese 2-3 ounces meat 1/2 cup cooked rice and equivalent quantity of dry rice 1 ounce dry ready-to-eat cereal	Suggested Filmstrip: "The Basic Four" (Food to Live On series available through Tupperware Educational Services) Handout: Want Nutritious Meals? Follow the Basic Four Food Group Way (See Appendix A, page 71). (Handouts of this type may be obtained cheaply from several of the sources listed in the nutrition section of Appendix B or the handouts may be used from Appendix A). A variety of foods illustrating Basic Four portions
D. Nutritional Labeling 1. Principles a. Nutritional labeling is information about a food product appearing on the label of the product. When this information appears it must include: (1) Size of serving (2) Number of servings in a container (3) Number of calories per serving (4) Grams of protein, carbohydrate and fat (5) Eight leader nutrients and their contributions to the U.S. Recommended Daily Allowances (RDA) per serving in percentage amounts	Lecture/Discussion It is suggested that one or more large posters with hypothetical food labels be made. Use these to have student become familiar with labels in general as well as nutritional labeling. (It is recommended that this exercise be done in groups of 4-6 students) Suggested discussion questions: 1. What type of food is contained in this package? 2. What is the brand name?	Posters with hypothetical food labels Leaders for small groups

Knowledge/Skills	Suggested Methods	Materials
(Leader nutrients include protein, Vitamin A, Vitamin C, Thiamin, Riboflavin, b. Information about cholesterol content, salt content, and other vitamins may appear on the label, but this is voluntary. c. Nutritional labeling is regulated by the federal government (FDA - Food and Drug Administration). At present, nutritional labeling is only required if a specific nutrition claim is made about a food or if nutrients are added to a food. 2. Skills a. Each student should be able to read and understand the information presented on food labels. b. Each student should be able to compare various food items using nutritional information on the label.	3. How much does the package weigh? stored? 5. What ingredients are in this food? (Emphasize that ingredients are listed in order of decreasing abundance). 6. How many servings are in the container? 7. What is the serving size? 8. Which nutrients does the food contain? 9. Which nutrient has the highest percentage of the RDA? 10. Which nutrient has the lowest percentage of the RDA? Students are given question sheets on nutritional labeling. Students answer the questions individually. The completed question sheets are used as the basis for a wrap-up discussion on nutritional labeling.	Handouts: Reading Food Labels (See Appendix A, page 73) Nutritional Information Per Serving of Some Common Foods (See Appendix A, page 75)
E. Concept of "Variety" 1. Definition a. Food groups (already discussed under C) b. Texture c. Shape/size d. Color e. Temperature f. Preparation 2. Importance to good nutrition: Variety in one's diet is important to insure proper amounts of the basic food groups. Equally important, variety is necessary for good nutrition because it adds to the appeal of food so that it is more readily eaten.	List the six different types of nutritional variety (a-f). Note that "a" has already been discussed. Using either the total class or small groups, have the students suggest various common foods which would represent varieties of texture shape, color, etc.	Flip chart Magic marker Food magazines/scissors or food models (Food models consist of color photographs of various foods affixed to a cardboard backing, and the back of each has nutritional information about the food. They can be made using food magazines or purchased through various sources such as the National Dairy Council.)

Knowledge/Skills	Suggested Methods	Materials
F. Nutritional Problems of the Elderly/Disabled	Lecture/Discussion or Film or Filmstrip	Flip chart Magic marker
1. Many elderly/disabled people show the effects of poor nutrition a. Tire easily b. Low resistance to disease c. Anemia d. Poor bone structure e. Insomnia f. Constipation		Filmstrip such as "The Maturing Years" available through Tupperware Educational Services.
2. What are the reasons for this poor nutrition in the elderly/disabled population? a. Reduced income - not able to purchase nutritious foods b. Mobility problems - hard to get to the store, unable to cook c. Dentures/poor teeth - can cause problems with chewing d. Lack of social outlets - depressing to always eat alone e. Drugs - certain drugs can cause nutritional deficiencies f. Deterioration of senses of taste, smell, vision g. Need for fewer calories leads to less food intake which leads to nutritional deficiencies		Excellent background material for this area can be obtained by reading the September - October 1980 issue of Aging magazine.
3. Potential solutions to problems cited in F.2. above. a. Food stamps, government nutritional programs for the elderly such as "congregate meals," less expensive protein sources b. Chore services, meals-on-wheels, volunteers for shopping, handicapped transportation c. Advice of dentist, easier to chew foods - ground meats, smaller pieces, fewer big meals/more snacks d. Eating with neighbors (share cooking), "congregate meals" program e. Consult with physician or health nurse f. Use other appeals such as color, texture, etc. g. Extra emphasis on Basic Four - fortify foods when possible, i.e. powdered milk in cooking	Facilitate class discussion of solutions to problems listed in F.2. (Some suggested solutions are given in the outline.)	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
G. Menu Planning: Given a case example, each student will be able to prepare a one-day menu (3 meals) for a client that will: 1. Contain correct amounts of the Basic Four 2. Illustrate good use of the variety principle 3. Meet the unique needs of his/her assigned client	Pass out case examples. Assign each student one example. Working independently, each student is to prepare a one day menu for assigned client. After menus are prepared, students discuss their work in small groups (4-5 students). Emphasis is placed on critiquing each other's menus with respect to the 3 criteria defined to left.	Handout: Menu Planning Case Examples (See Appendix A, page 77) Cookbooks and food magazines for student reference. Group leaders for small groups (optional) - one instructor may float between groups.
H. Preparing a Shopping List From a Menu: Given a menu, each student will be able to prepare a shopping list. (This exercise does not need to be taught here if the optional food lab exercise is used since this skill is a part of that exercise.)	Break class into groups of 4-5 students. Using menus from previous exercise, have students prepare shopping list. Discuss lists in terms of buying quantities appropriate to needs, checking supplies on hand, etc. (Other aspects of grocery shopping will be taught under Home Management.)	Pencil/paper for each student Handout: Measuring Equivalents (See Appendix A, page 79)
I. Modified Diets 1. Low-calorie 2. High-calorie 3. Bland 4. Diabetic 5. Low salt 6. Low fat 7. Liquid 8. High roughage	Discuss each diet with respect to use, recommended foods, and foods to avoid. Emphasize the importance of the chore provider seeking professional guidance (nutritionist, nurse, physician, etc.) when preparing a modified diet for a client.	Handout: Modified Diets (See Appendix A, p. 81) Hand-out: Modified Diets Quiz (See Appendix A, p. 83)
J. Changing Eating Habits 1. Why do we eat the way we do? a. Past experience (1) Knowledge (2) Family patterns (3) Food preferences (4) Cultural/ethnic heritage	This area logically follows the discussion of modified diets as the students will have questions about how to get a client to change his/her eating habits. Pose the question to the class "Why do you eat the way you do?" The resulting discussion should yield the points noted at left. (It is important to personalize the discussion of eating habits	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
b. Environmental (1) Money (2) Health (3) Cooking facilities (4) Storage facilities	and how to modify them so that the students will be able to identify/empathize with the client's feelings when diet modification is needed.)	
2. How do we go about changing our eating habits or those of our clients? a. See the need b. Have necessary knowledge and resources c. Make small changes first d. Get support of family and friends e. Some sense of control in food selection retained by client	Ask students to identify their favorite food. List a number of these on the flip chart. Discussion Questions: Imagine you were told by your doctor that you no longer could eat one or more of your favorite foods. 1. Would you do it? 2. Do you think it would be hard or easy? 3. How would you go about modifying your diet to comply with the recommended changes? 4. Have you ever helped someone else (friend, family member) to change his/her diet? What techniques did you use? Use these discussion questions to elicit the points at left.	Flip chart Magic marker
K. Meal Preparation 1. Principles a. Planning menus and selecting recipes b. Assembling ingredients and utensils c. Following a recipe d. Food presentation and table setting 2. Skills: Given a recipe, each student should be able to: a. Prepare the required shopping and utensils lists, b. Prepare the food item according to the recipe c. Serve the food attractively	This area is best presented utilizing an experiential approach, such as a food laboratory. The food laboratory is a two-day exercise Day I 1. Menu is presented (Basic Nutrition concepts may be reviewed here - Basic Four, variety, modified diets, etc.) 2. Recipe assignment - Each student selects a recipe to prepare. Students should be encouraged to select a recipe which is new to them.	Day I Hand-Outs: Food Lab Menu Food Lab Recipes Common Recipe Terms (See Appendix A, pp. 85, 87 and 93) Measuring Equivalents (See Appendix A, p. 79) Paper/pencils

Knowledge/Skills	Suggested Methods	Materials
	3. Each student prepares a list of ingredients and utensils needed for his/her recipe. 4. Ingredients are combined for a shopping list. Volunteers are solicited to bring utensils, if needed. (Some recipes need to be doubled so that everyone may have a taste of completed dish.) 5. Cooking techniques are discussed using Common Recipe Terms handout. Individual student questions are answered. 6. A preparation schedule is established for Day II. Students doing recipes with longer preparation times should get early kitchen assignments.	
	Day II 1. Kitchen, preferably one suited to quantity food preparation. A church kitchen is usually suitable and available. 2. Purchase food, according to student shopping list. (Also purchase disposable eating supplies - napkins, knives, forks, spoons, plates, cups.) 3. Cooking utensils - these may be purchased, borrowed from the church kitchen, or borrowed from students and instructors. 4. Students prepare their recipes according to the schedule.	Day II Optional materials: Items for place-settings, such as placemats, centerpieces, etc. to be used for setting table Extra instructors, approximately in a 1 to 5 student ratio are most desirable for the second day of the food lab. Cookbooks (especially ones emphasizing low calories, small quantity cooking) Paper/pencils

Knowledge/Skills	Suggested Methods	Materials
	5. When not engaged in cooking, students should be assisting with table setting, clean-up, or copying additional recipes for their own use from available cookbooks. 6. Completed dishes are set out for buffet serving. Each student is asked to briefly describe the dish he/she has made with respect to ingredients and preparation techniques. Table settings are also viewed and discussed at this point. 7. Students sample completed dishes. Students are encouraged to sample <u>each</u> item prepared.	

Unit III: Home Management

Tasks: Handle food
Clean up after meals
Store food
Wash dishes
Dispose of garbage
Care for clothing
Launder
Iron
Mend
Store
Clean house
Care for major appliances
Clean the bathroom
Clean windows and mirrors
Clean walls, ceilings, and woodwork
Clean furniture, floors, and rugs
Shop for food, medicine, and other necessities
Pay bills
Identify and remove home safety hazards
Prepare and carry out work schedule

Performance Objectives:

Each student will be able to:
Use correct sanitary procedures for food handling and after meals clean-up.
Use correct clothing care techniques.
Describe major uses and precautions for a variety of cleaning products.
Perform essential house cleaning tasks.
Shop using a prepared list.
Use correct shopping principles when making purchase selections.
Identify safety hazards in the home environment and suggest appropriate remedial actions.
Prepare and carry out a one month work schedule.
Resolve common on-the-job home management problems.

Performance Measures:

The instructor will measure student competency by completed individual assignments, small group exercises, and class discussion.

Knowledge/Skills	Suggested Methods	Materials
A. What is Home Management? Keeping the home situation in a safe, sanitary condition while making efficient use of time, energy, and material resources. The following areas of home management will be covered: 1. Food handling, storage, and clean-up 2. Clothing care 3. House cleaning 4. Shopping and bill paying 5. Home safety 6. Time management	Lecture/Discussion Elicit from students what they feel will be covered in this area. List their ideas on flip chart. Note: In teaching the home management unit it is essential that the students be actively involved in the learning process. When at all possible, the students should be utilized to teach each other as most of them will already have skills in some of the home management areas.	Flip chart Magic marker
B. Food Handling, Storage, and Clean-Up 1. Sanitary food handling techniques 2. Clean-up a. Dishwashing b. Work surfaces c. Garbage disposal d. Kitchen sink	The emphasis in this area should be on safe, sanitary food handling procedures in order to avoid transmission of disease and food spoilage. (Other aspects of meal preparation are covered in the Nutrition Unit.) Use Meal Preparation Checklist to elicit discussion on areas 1 and 2. Students complete the checklist individually. Following this, the instructor facilitates class discussion of reasons for following the procedures identified on the checklist.	Individuals from local agricultural extension service would be good resource persons or instructors for this unit. Handouts: Meal Preparation Checklist (See Appendix A, p.95) How to Clean the Kitchen Sink (See Appendix A, p.97)
3. Food storage a. Shelf/room temperature - Protect against insect or rodent infestation. Be aware of expiration dates. b. Refrigeration - Allow for good air circulation. Most items should be covered or wrapped. c. Freezer-For long-term storage make sure freezer temperature is low enough, 0°F. Store in labeled, dated containers or wrapping.	Lecture/Discussion Film or Filmstrip In using the Food Storage Guidelines handout, note that the "shelf lives" are approximate and based on preserving maximum quality and nutritional value. Shelf life will vary depending on actual freshness when purchased. Food labels may often provide more accurate shelf life information for a specific food item.	Handout: Food Storage Guidelines (See Appendix A, p.99) Suggested filmstrip: "Keeping Food Fit" Available through Tupperware Educational Services. Filmstrip projector

Knowledge/Skills	Suggested Methods	Materials
d. Organizational principles: Given a variety of food items, students will be able to arrange them according to good organizational principles. (1) Store similar types of food together. (2) Store the most frequently used items in the most accessible locations. (3) Store similar types of food so that the oldest items are used first.	Break students into groups of 4-5. Give each group approximately ten typical food items usually stored on shelves and two stacked shelves. Each group is given ten to fifteen minutes to arrange the items on the shelves. At the end of the time period, each group explains its food arrangements in terms of organizational principles to the total class. Instructor assists in summarization of major points on a flip chart.	Flip chart Magic marker Two stacked shelves per student group (Bookcases, planks, bricks, or cardboard boxes may be improvised as shelves.) Food items, approximately 10 per group. -canned fruits and vegetables -condiments -breakfast cereals -pasta, beans, rice -Jello -prepared foods Some similar items should have different expiration dates or have one opened and another unused. Plastic bags and jars should be available for proper food storage of rice, cereals, etc. if such foods are presented in opened packages.
C. Clothing Care 1. Laundering a. Laundry products (1) Detergents-used in general purpose clothes washing. (2) Soil/stain removers-used in concentrated form on heavily stained or soiled clothing. (3) Bleach-used to disinfect, whiten, remove stains. (4) Cold water/gentle detergents-used for handwashing delicate items. (5) Fabric softener-used to soften clothes, some contain anti-cling ingredients.	Lecture/Discussion Have samples of the five types of laundry products on display. Elicit from the students the uses of each product type. List these on chart.	Flip chart Magic marker Samples of various types of laundry products

Knowledge/Skills	Suggested Methods	Materials
b. Laundry methods (1) By hand-best for delicate items or when only a few items need washing. (2) By machine-most widely used method. Important to select the correct settings. Most machines have different cycles for various types of fabrics.	Lecture/Discussion Discuss when different washing methods should be used. Emphasize energy conservation with washing machines. Discuss various washing cycles normally found on automatic washers: white, colors, permanent press, delicate, etc.	
c. Sorting laundry (1) Prepare clothing-check pockets, close zippers, unbutton collars, etc. (2) Sort into hand and machine loads. (3) Machine laundry must be further sorted into correct cycles. (4) Steps (2) and (3) require students to read care instructions found on most clothing items.	Simulated Laundry Exercise 1. Divide students into small groups (4-5 members). Each group is given a pile of laundry. Students are asked to sort clothing and indicate which laundry products should be used for each load.	Assorted clothing items (approx. 20) for each group, including sheets, towels, shirts, socks, jeans. Include delicate items, permanent press clothing, and some heavy soiled items. (Some items should require simple mending or button replacement.) Group leaders for each small group.
2. Post-laundry care a. Hanging b. Ironing c. Folding d. Mending e. Storing	2. Groups are asked to continue the simulation exercise by identifying and performing the types of post-laundry care needed for various clothing items. Group leaders should encourage students to demonstrate correct techniques to each other.	Clothes hangers Spools of thread Sewing needles Irons Ironing boards
D. House Cleaning 1. Cleaning products-Read labels regarding uses and precautions. Several common household supplies (lemon juice, vinegar, baking soda) also have uses as household cleaners.	Lecture/Discussion Have samples of various cleaning products available. Have students read labels and tell each other the uses and precautions for each product. Use handout, Products and Tools for Cleaning to summarize.	Samples of various types of cleaning products and tools Handout: Products and Tools for Cleaning (See Appendix A, p.101)
2. Cleaning tools	Refer to handout	

Knowledge/Skills	Suggested Methods	Materials
3. Proper body mechanics-It is important to use one's body properly in performing house-cleaning tasks in order to avoid injuries. a. Climbing to high places b. Lifting c. Reaching d. Bending	Film/Discussion	Movie projector Film: "A New Way to Lift" (Available through the Health Services Film Library.)
4. Special cleaning jobs a. Bathroom-sink, tub, toilet bowl, shower b. Kitchen-sink, appliances (stove top, oven, refrigerator) c. Windows and mirrors d. Walls, woodwork, ceilings e. Furniture, floors, and rugs	Divide class into six groups. Give each group copies of one of the following: 1. How to Clean the Bathroom 2. How to Clean and Defrost the Refrigerator 3. How to Clean the Kitchen, Stove and Oven 4. How to Clean Windows and Mirrors 5. How to Clean Walls, Ceilings, and Woodwork 6. How to Clean Furniture, Floors, and Rugs Each group will be given 20-30 minutes to prepare a teaching lesson for the class on the subject of its handout. Groups should be encouraged to divide teaching assignments among all members. Presentation of teaching lessons by small groups.	Hardouts: Listed at left. (See Appendix A, pp.103-113) Cleaning Products and Supplies from D-1. Kitchen setting, if possible. Bathroom setting, if possible. Group leaders for groups
E. Grocery Shopping 1. General principles a. Read newspaper advertisements for specials. b. Collect coupons; keep them in a file box, by type. c. Make a list from planned menus. d. Organize your shopping list according to store lay-out. e. Consider storage space when buying large quantities of food. f. Generally, shop in one store. This saves time and gasoline. g. Avoid buying too many prepared foods. They're generally more expensive.	Lecture/Discussion Field trip to a supermarket Filmstrip or movie General principles should be discussed prior to supermarket field trip. More specific guides for various types of food may be discussed in field setting. Summarize learning with class discussion, listing major points on flip chart.	Film/filmstrip projector "Planning to Eat" (Available through Tupperware Educational Services.) Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials

2. Buying fruits and vegetables
   a. Buy fresh fruits and vegetables mainly when they are in season.
   b. Buy canned vegetables and fruits for stews, soups, cobblers.
   c. Buy frozen vegetables and fruits carefully. Don't buy packages covered with frost. They have been thawed and refrozen.
   d. Compare house brands and popular brands by price and nutritional information before buying.

3. Buying meats, fish, poultry
   a. Compare cost per serving rather than cost per pound. Ground meat is all meat. More expensive cuts usually contain bone, gristle, and fat.
   b. Learn to use extenders with meats such as rice, noodles, macaroni.
   c. Check for inspection stamps and expiration dates on meat packages.
   d. Check for specials.
   e. Chickens are still a good buy. Purchase them whole, and cut them up yourself for a real bargain.

4. Buying dairy products
   a. Check package expiration dates. Buy freshest items.
   b. Bulk cheese costs less than sliced or grated. You can slice or grate at home.
   c. Consider buying non-fat dry milk and/or evaporated milk for cooking. They're just as nutritious and cost less.
   d. Check egg cartons before buying for cracked or broken eggs.

5. Buying cereals, breads, and grains
   a. Baked goods that are homemade are usually less expensive.
   b. Sugar coated cereals are more expensive. (Compare unit prices.) Cooked cereals are the least expensive.
   c. Instant type rice costs more/serving than plain rice.
   d. Flour is less per pound in larger sizes.

Knowledge/Skills	Suggested Methods	Materials
e. Products in individual packages (such as single servings of cereal) cost more. f. Rolls are more expensive than loaf bread.		
F. Other Types of Shopping	Lecture/Discussion	
1. Be an informed shopper. (Mention consumer guides.)	Stress the importance of chore providers promoting wise buying practices in working with their clients.	
2. Watch the newspaper for sales.		
3. Make sure you really need an item before you purchase it.	Summarize Sections E-G of the Home Management Unit by using the Wise Buying Crossword Puzzle. Students may work in groups (2-3). Review correct answers in large group.	Handout: Wise Buying Crossword Puzzle (See Appendix A, p.115)
4. Avoid impulse buying; sleep on all major purchases.		
5. Keep your receipts. They are essential for proof of purchase and for exchange.		
G. Bill Paying		
1. Pay bills promptly to avoid a service charge. (This includes utility bills.)		
2. Try to pay several bills on one trip to save time and energy.		
3. Encourage clients to pay bills by check and by mail.		
4. Always keep a record of bills paid and receipts in paying a client's bills.		
H. Home Safety	Lecture/Discussion Films, pamphlets Guest speaker	A representative from the fire department is usually available for lecture, pamphlets and film.
1. Fire prevention a. Principles (1) Causes-heat, fuel and oxygen (2) Types-cooking, clothing, electrical		

Knowledge/Skills	Suggested Methods	Materials

b. Skills
   (1) Checking smoke detectors
   (2) Making a fire escape plan
   (3) Putting out a grease fire
   (4) Putting out a clothing fire
   (5) Putting out a furniture/upholstery fire

2. Floors and rugs
   a. Wipe up spills immediately.
   b. Keep scatter rugs from sliding with non-skid backing. With elderly clients, it's best not to have scatter rugs at all.
   c. Arrange furniture to maintain a traffic lane. If working with disabled clients be sure the lane is wide enough to accommodate walkers, wheelchairs, etc.

3. Bathroom
   a. Put a rubber mat in tub or shower.
   b. Use stools, grabrails, and/or bars in bath or shower for elderly clients.
   c. Test water before entering bath or shower.
   d. Do not use electrical appliances such as hair dryers and razors while in the tub.
   e. Set water heater temperature at 120°F to prevent burns, unless the home has a dishwasher without a booster.

4. Kitchen safety
   a. Keep work areas clean and dry.
   b. Store and wash knives separately.
   c. Keep drawers and cupboards closed.
   d. Keep pot and pan handles turned inward on the stove.
   e. Keep a box of baking soda or a small fire extinguisher next to the stove.
   f. Avoid use of extension cords for electrical appliances.
   g. Use stepladders for climbing.

5. Outdoor safety
   a. Do not allow trash to accumulate around the outside of the house.
   b. Keep all walkways and stairways clear and swept.
   c. Check handrailings on stairs regularly.
   d. Keep grass and shrubbery trimmed around the house.

Suggested Film:
"A Matter of Seconds"
(Available through the Health Services Film Library.)

Knowledge/Skills	Suggested Methods	Materials
6. Personal safety a. Wear flame-retardant, short-sleeved clothing when cooking. b. Wear low-heeled shoes while working. c. Exercise care when smoking. d. Turn on lights when entering rooms and going up/down stairs.	At the conclusion of the home safety presentation, each student should be given a copy of the Home Safety Checklist. Students are to complete the checklist in either their own or a client's home. Results should be brought back to class the next day. Students should be encouraged to suggest corrective actions for any identified hazards.	Handout: Home Safety Checklist (See Appendix A, p.117)
I. Time Management Given various household tasks, each student will prepare a monthly work schedule using the following principles: 1. Our work time is limited. a. Defined number of contacted hours per client b. Scheduled tasks for contracted hours 2. Use time wisely on the job. a. Eliminate time wasters b. Organize c. Schedule d. Try new methods e. If scheduled tasks are completed ahead of time, use remaining time wisely.	Lecture/Discussion Pass out handout on suggestions for wise time management. Ask students for their ideas as to how they save time and organize their work in their personal lives. List the tasks below on flip chart with frequency they are to be performed. Give students a Monthly Planner form. Have each student plan a one month work schedule incorporating the assigned tasks. Assume a work schedule of 5 days/week, Mon-Fri., 3 hours per day or according to policies of local DSS. Have students discuss and share their work schedules. Task — Frequency 1.Sweeping/mopping — weekly 2.Cleaning bathroom — weekly 3.Laundry — weekly 4.Grocery shopping — weekly	Flip chart Magic marker Handout: Wise Time Management (See Appendix A, p.119) Flip chart Magic marker Handout: Monthly Planner (See Appendix A, p.121)

Knowledge/Skills	Suggested Methods	Materials
	5.Meal preparation (2 meals per day) daily 6.Banking monthly 7.Bill paying monthly 8.Defrost refrig. monthly 9.Personal care (bathing/hair) twice weekly	
3. Common on-the-job barriers to efficient home management a. Lack of equipment or unfamiliar equipment b. Criticism/interference from client/family members c. Value differences d. Overly independent or dependent client	Case Examples Exercise: Divide class into groups of 4-5 students. Have them discuss Home Management Case Examples and offer possible solutions to the problems. In large group, summarize important points. 1. Client responsibility and independence are important. Give clients choices. Encourage clients to assist as much as they can. (Have students give ways they involve their clients in home management.) 2. When complaints arise about tasks performed, contact the agency social worker or supervisor. 3. Don't be afraid to ask for help, additional equipment, etc. If client or family is not helpful, contact the agency. 4. Only such cleaning as is acceptable to the client and his/her family should be done. Improvements in the home environment must be in harmony with each client's lifestyle and values. 5. Be flexible within limits. Try to keep to a schedule, but be prepared to change if necessary.	Handout: Home Management Case Examples (See Appendix A, p.123) Group leaders for small groups

Unit IV: Personal Care

Tasks: Wash hands
Use an apron for protection
Dispose of wastes
Monitor vital signs
Take temperature
Take pulse
Take respiration
Administer a bedpan
Assist with mobility
Assist with bathing, grooming, and dressing
Make a bed
Assist with feeding
Monitor medications
Recognize signs and symptoms of illness
Handle common health emergencies
Organize a client's room

Performance Objectives:

Each student will be able to:
Use the correct procedures for handwashing, putting on and removing an apron, disposing of sickroom wastes, monitoring vital signs, administering a bedpan, and making a bed.
Follow the correct procedures for assisting a client with mobility, bathing, grooming, dressing, and feeding.
Store medication correctly and monitor the use of medication.
Recognize signs and symptoms of illness and will be able to correctly handle common health emergencies.
Organize a room to accommodate the needs of the sick client.

Performance Measures:

The instructor will measure student competency by completed individual assignments, class discussion, and individual return demonstrations.

Knowledge/Skills	Suggested Methods	Materials
A. Personal Care Tasks Performed by Chore Providers 1. Take pulse, temperature, and respiration 2. Administer a bedpan 3. Assist with mobility 4. Assist with bathing, grooming, and dressing 5. Make a bed (occupied and unoccupied) 6. Assist with feeding 7. Monitor medications 8. Recognize signs and symptoms of illness 9. Handle common health emergencies	Lecture/Discussion Use this opportunity to reinforce the discussion in Unit I (orientation) of appropriate and inappropriate personal care tasks to be performed by chore providers.	

Knowledge/Skills	Suggested Methods	Materials
10. Organize a client's room 11. Take blood pressure (check with local agency.)		
B. Personal Care Tasks Not Performed by Chore Providers 1. Give insulin or other injections 2. Assist with the care of catheters 3. Give or assist with intravenous feedings 4. Give oxygen 5. Change surgical dressings 6. Give medications 7. Assist with physical therapy		
	Return Demonstration Requirement Return demonstration will be the major method used to assess student progress in the Personal Care Unit. Using this method, the student watches the instructor demonstrate a certain skill. The student is given the opportunity to practice the skill. When the student has mastered the skill, he/she demonstrates the skill in a return demonstration to the instructor. Describe the return demonstration requirement for the personal care unit. Pass out a checklist to each student. Explain how the checklist will be used. Answer student questions. Each student should write his/her name on the checklist.	Handout: Personal Care Return Demonstration Checklist (See Appendix A, page 125)
C. Goals of Personal Care 1. To prevent spread of disease 2. To maintain client comfort, safety, and dignity 3. To maximize client independence 4. To maximize effectiveness and efficiency (of energy, time, and equipment)	Lecture/Discussion The instructor should list the goals on a flip chart or poster-board. The goals should be displayed in a prominent place and referred to as each new technique or skill is taught.	Poster with 4 goals listed. A classroom setting at a Red Cross Headquarters or other location where nursing care is taught is highly recommended for this unit.

Knowledge/Skills	Suggested Methods	Materials
(These goals apply to all parts of the training curriculum. However, it is important to reemphasize them here due to the sensitive nature of the personal care area. Unlike the other units, personal care involves direct contact with the client's body/person. Thus, the potential for the spread of disease and threat to client dignity are greater.)	The methods and procedures used in this personal care unit are those suggested by the American Red Cross in its home nursing textbook and instructor's manual. (For specific reference, see Appendix B.)	Strong consideration should be given to having the total personal care unit taught by a nurse or a certified Red Cross Home Nursing Intructor. If possible, copies of the Red Cross home nursing text Family Health and Home Nursing should be available for each student on either a loan or purchase basis. If the text is given to or purchased by each student many of the handouts in Appendix A for this section will not be needed.
D. Preparing To Give Personal Care 1. Preparation for solid waste disposal a. Solid wastes include soiled dressings, uneaten food, body excreta, vomitus, etc. b. Solid wastes should be picked up using tongs, spring clothespin or paper towel. c. Dispose of wastes in a paper or plastic bag. Each student will make a paper waste bag out of newspaper. (Family Health and Nursing, p. 519-520.) d. Liquid wastes should be poured down sink drain, toilet bowl, or into a closed container.	Demonstration/Return Demonstration The instructor should demonstrate correct techniques for handwashing and waste disposal. Each student will practice and demonstrate these skills back to the instructor.	Newspapers (2 large sheets per student) Tongs or spring clothespin Bar soap Paper towels Sink with running water Work tables for students
2. Handwashing	Demonstration/Return Demonstration	Handout: Beginning Personal Care (See Appendix A, p. 127)
3. Use of protective clothing a. Protective clothing should always be worn in the sickroom. b. Putting on protective clothing c. Taking off and hanging up protective clothing	Demonstration/Return Demonstration Follow the procedures in Family Health and Home Nursing, p. 18 or use the handout, Beginning Personal Care. If some students bring men's shirts, the instructor may choose to demonstrate how shirts may be modified to make acceptable aprons.	Smock, apron, or other protective clothing (man's shirt) brought by student from home. Scissors

Knowledge/Skills	Suggested Methods	Materials
	Students should be instructed that upon arrival for each personal care class they will be expected to wash their hands and put on protective clothing.	
E. Monitoring Vital Signs A person's vital signs (temperature, pulse and respiration) can be important signs of illness. 1. Definitions a. Temperature vs. fever b. Pulse c. Respiration 2. Information a. Types of thermometers b. When to take temperature c. Precautions with confused or unconscious clients d. Pulse sites on the body 3. Taking temperature a. Cleaning the thermometer b. Shaking down the thermometer c. Inserting the oral thermometer d. Reading the thermometer 4. Taking pulse 5. Taking respiration	Lecture/Discussion Demonstration/Return Demonstration Follow procedures written in Family Health and Home Nursing, pp. 386-395. If these texts are not available, use handouts from Appendix A. Students should work in pairs.	Handouts: Monitoring Vital Signs (See Appendix A, p.129) Oral thermometers Alcohol Soap/water Cotton balls Paper towels Watches or wall clock with second hand
F. Administering a Bedpan 1. When client can assist 2. When client is helpless 3. Steps a. Preparing the bed b. Preparing the bedpan c. Preparing the client d. Placing the bedpan e. Cleaning the client	Demonstration/Return Demonstration Follow procedures in Family Health and Home Nursing, pp. 434-438. If an institutional setting is not available to permit actual student practice, the film, Meeting the Patient's Excretory Needs, available	Beds (minimum of one, preferable to have several) Bedpans equal to number of beds.

Knowledge/Skills	Suggested Methods	Materials
f. Removing the bedpan g. Cleaning the bedpan 4. Use of the urinal	through the Health Services Film Library, may be shown.	
G. Mobility 1. Definition: Mobility involves the activities of getting in and out of bed, getting in and out of chair, and walking. 2. Importance to client a. Psychological b. Physical	Lecture/Discussion	
3. Assisting with transfers to/from bed and chair 4. Assisting with walking 5. Assisting with walkers, canes, and crutches	Demonstration/Return Demonstration Follow procedures in Family Health and Home Nursing, pp. 474-483.	Minimum of one: Bed Chair Cane Walker Crutches(pr.) Handout: Assisting with Mobility (See Appendix A, p.131)
H. Bathing, Grooming, and Dressing 1. The type of bathing procedure used depends on the client's condition. Clients who may get out of bed may use a sink, basin, tub, or shower for bathing. Clients who are bedridden must be given a bed bath. Bathing cleans the skin and stimulates circulation. For the client who can get out of bed or otherwise assist with the bathing process, bathing is also a good form of exercise.	Lecture/Discussion The instructor should explain that under this topic bathing, skin care, mouth care, hair care and dressing will be covered.	Lecture/Discussion
2. Procedures a. Assisting with baths and showers b. Giving bed baths (with and without client assistance) c. Assisting with mouth care d. Giving hair care e. Assisting with dressing	Demonstration/Return Demonstration Students, in pairs, may practice giving simulated bed baths to each other or to mannequins, if available. If a proper setting and equipment are not available, the film, Bathing the Patient, available through the Health Services Film Library, may be shown.	Bed and bedding Bath blanket Soap Basin Water Towels Washcloths Skin lotion Toothbrush Cup Swabs Glycerine/lemon juice

Knowledge/Skills	Suggested Methods	Materials
	Follow procedures in Family Health and Home Nursing, pp. 445-460.	Petroleum jelly Comb Brush
	If there is time, discuss and/or display some of the self-help devices that are available or can be made which allow the handicapped person to engage in self-care. (See Appendix B.)	Handout: Assisting with Bathing and Grooming (See Appendix A, p.133)
I. Bedmaking 1. Information a. Best time to change bed is after the client's bath. b. Remove soiled linens carefully to prevent spread of disease. c. Keep bottom sheet wrinkle free.	Lecture/Discussion If desired, the film The Bed and the Bedside Unit available through the Health Services Film Library may be shown.	
2. Skills a. Assemble needed materials first-sheets, pillow cases, waterproof pad, etc. b. Wash hands before and after changing bed.		
3. Techniques a. Bedmaking when the bed is unoccupied b. Bedmaking when the bed is occupied.	Demonstration/Return Demonstration Follow procedures in Family Health and Home Nursing, pp. 460-466.	Minimum of: 1 Bed 2 Sheets 1 Pillowcase 1 Blanket
J. Feeding 1. Client's psychological reaction to "being fed" is usually negative. In order to offset this reaction, the client should be allowed to participate as much as possible in the feeding process.	Lecture/Demonstration	
2. Feeding techniques	Follow procedure in Family Health and Home Nursing, pp. 431-434.	Handout: Feeding Techniques (See Appendix A, p.135)
K. Monitoring Medications 1. What are medications? Pills, liquid medicines, powders, eye drops, capsules, enemas, suppositories, injections. Medications may be prescribed (obtained through a doctor) or non-prescribed (over-the-counter) which may be bought without a doctor's prescription.	Lecture/Discussion Introduce topic, monitoring medications. Ask students to respond to question, K-1. List their answers on flip chart and summarize.	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
2. Review chore services program policy on chore providers and medications. Review the difference between administering or giving medications and monitoring medications. a. Examples of monitoring medications: 1. Reminding a client to take his/her medicine. 2. Helping a client to open a medication bottle. b. Examples of administering/giving medications: 1. Counting out pills for a confused client. 2. Giving a client an injection. 3. Advising a client to take a medication not prescribed for him/her and which he/she did not purchase.	Ask students to explain the difference between "monitoring" and "administering" or "giving" medications. Encourage a full discussion in this area, utilizing specific examples and answering questions.	
3. Storage of medications	Discussion/Demonstration	
a. Types of containers: Government regulations require that medications be sold in safety containers that cannot be easily opened by children. Sometimes adults have trouble opening these bottles, also. Regular screwcaps may be requested from the pharmacist.	Have examples of various types of medication bottles available illustrating the types of closures in use. Have students show each other how to open the bottles.	A variety of medication bottles, illustrating common types of closures.
b. Reading medication labels: 1. Name of medicine 2. Amount to be taken per dose and number of doses per day. 3. Special instructions, including how to store, side effects, etc. 4. Prescription medication labels should also contain the patient's name, doctor's name, pharmacist's name, total quantity of medication, prescription number, and number of refills.	Lecture/Discussion A poster depicting a blow-up of a medicine label may be prepared to illustrate the parts of a label.	Medicine label poster
c. Importance of storing medications correctly - away from children, not by the bedside, as directed on the label.	Discuss reasons for correct storage of medications.	
d. Disposing of medications - Dispose of any unused or old medications by flushing them down the toilet or sink. Never throw out old or unused medications in the trash or garbage.	Discuss reasons for following this procedure when disposing of medications.	

Knowledge/Skills	Suggested Methods	Materials
4. Medication problems a. Causes: new drugs, taking incorrect dosage, taking two or more drugs which interact, self-treatment, going to several clinics, doctors, and/or pharmacies, mixing alcohol and drugs, taking someone else's drugs, taking old drugs. b. Symptoms: nausea, vomiting, diarrhea, dizziness, skin rashes, hives, extreme restlessness, confusion, headache, itching, swelling (ankles/legs), changes in pulse, temperature, respiration or blood pressure. c. Treatment: When unexpected symptoms or side effects occur the chore provider should encourage the client or the client's family to contact the client's doctor. In cases of extreme emergency, the chore provider should contact the client's doctor or emergency medical service directly. d. Prevention: 1. Give and receive clear information from the doctor prescribing the medication. 2. Get information about medications from your pharmacist. 3. Organize a system for taking medications.	Lecture/Discussion An excellent handout to have available for each student would be Using Your Medicines Wisely: A Guide For The Elderly. This booklet contains many helpful suggestions for chore providers to give their clients in the area of medication usage. Students usually offer suggestions in area #3. A health nurse could also serve as a good resource person in this area.	Flip chart Magic marker A pharmacist or a professional employed by a drug treatment program may be a good resource person for this area. This booklet is available in bulk form through the Superintendent of Documents. The stock number is 017-024-00969-5. The DHEW Publication Number is (ADM)80-705. Some local drug programs also have these booklets. If this booklet is not available use the handout, Preventing Medication Problems, Appendix A, p.137
L. Recognizing Signs and Symptoms of Illness 1. Signs are changes in the way the person acts or a change in vital signs. Examples of signs are changes in blood pressure, temperature, respiration, swellings, bleeding. 2. Symptoms are changes in the way a person feels. Symptoms cannot be seen. Examples of symptoms are pain, fever, headache.	Lecture/Discussion The material for this topic is taken from Family Health and Home Nursing, pp. 229-244.	

Knowledge/Skills	Suggested Methods	Materials
3. Interpretation of signs and symptoms a. What is usual for other persons of the same age with similar health problems? b. What is the usual appearance and behavior of your client? 4. When in doubt about the importance of signs or symptoms, do not hesitate, seek the advice of a health professional (doctor, nurse, etc.).	Lecture/Discussion Use handout titled Recognizing Illness	Handout: Recognizing Illness (See Appendix A, p.139)
M. Health Emergencies 1. First aid is immediate help while professional medical advice is being sought for health emergencies. 2. The Red Cross offers several courses in handling health emergencies such as the Standard First Aid and Personal Safety Course and the Cardiopulmonary Resuscitation (CPR) Course. The class discussions given here will not serve as a substitute for taking these courses.	Lecture/Discussion Explain that we will learn how to handle a few health emergencies common to the elderly/disabled population. Urge students to take the Red Cross first aid course and/or the CPR course to become truly proficient in handling health emergencies.	
3. How to handle health emergencies: a. Hypothermia b. Burns c. Choking d. Heart attack e. Seizures f. Fainting g. Heat exhaustion h. Heat stroke i. Broken bones	Lecture/Discussion/Demonstration Follow the procedures outlined in Family Health and Home Nursing, pp. 285-328. If the above text is not available to each student, distribute the handout titled First Aid for Some Common Health Emergencies.	Handout: First Aid for Some Common Health Emergencies (See Appendix A, p.141)
N. Organizing the Client's Room The home setting may need to be modified if the client is to be confined to bed for long periods of time. Try to include such things as: 1. Quiet 2. Privacy 3. Nearness to bathroom 4. A means for calling for help (bell, telephone)	Lecture/Discussion Students should be able to generate most of the items on the list via discussion. This material is taken from Family Health and Home Nursing, pp. 357-363.	

Knowledge/Skills	Suggested Methods	Materials
5. Absence of hazards, such as scatter rugs, narrow passages between bedroom, bathroom, and kitchen 6. Familiar belongings such as photos, clocks, calendars, plants 7. A bedside stand for water, tissues, reading material, etc. 8. A comfortable, sturdy bedside chair 9. Adequate temperature, light and ventilation 10. A bed with a firm mattress and a supply of sheets, blankets and pillows.		

Unit V: Aging

Tasks: Communicate with client
Communicate with others (family, social worker, other caregivers) about client needs
Recognize signs and symptoms of client health problems

Performance Objectives:

Each student will be able to:
Describe his/her feelings about aging.
Describe his/her feelings about death and dying.
Differentiate between facts and myths about the aging process.
State and describe common physical and mental health problems of the elderly.
Communicate with the client and other caregivers about aging.

Performance Measures:

The instructor will evaluate student performance based on class discussion and completion of assignments.

Knowledge/Skills	Suggested Methods	Materials
A. Social Aspects of Aging 1. Getting in touch a. Your own feelings about aging b. How your feelings about aging affect client relationships	Instructor should lead the students through the fantasy trip, "When I Am Old." The script for this experience is in Appendix A. The script should be read slowly, allowing the students ample time to reflect on the questions raised in the script. Following the reading of the script, the students should discuss their experiences. Instructor should compile their thoughts on a flip chart or blackboard. Suggested groupings are: 1. Age 2. Appearance 3. Living Situation 4. Health 5. Best/Worst Things	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
	The discussion should attempt to focus on both similarities and differences in the students' experiences. The instructor should also direct the discussion so that students examine how their feelings about aging can affect their relationships with their clients.	
2. Myths and stereotypes about aging a. Definitions Myths are ideas and stories not based on fact, but frequently passed on from one generation to the next. Stereotypes are labels or fixed ideas about groups of people without regard for individual differences. b. Skills 1. Recognizing communication from others that involves myths and stereotypes about the elderly and aging. 2. Communicating with or about our elderly clients without stereotyping.	Students should individually complete quiz, Myths and Stereotypes About Aging. Instructor should go over the correct answers via class discussion and use of the quiz answer sheet, Facts About Aging. (Use definitions of myths and stereotypes at left if students are not familiar with these terms.) Ask students for other examples of common myths and stereotypes about aging. - Sweet, loving, grandmother - Wise old man - Stubborn, cranky old person - Old age as a "second childhood" - "Golden Years" - "Living in the Past"	Handouts: Myths and Stereotypes About Aging (See Appendix A, p.145) Facts About Aging (See Appendix A, p.147)
	If desired, this discussion can also be conducted by first breaking students into small groups. Each group is given 3-5 magazines. Students look through the magazines to find pictures showing common elderly stereotypes. Small group findings are brought back to the larger group for discussion. (Some good magazines to use for this exercise are Glamour, People, Sports Illustrated, Time, McCalls, Family Circle.	Magazines, approximately four/group Scissors, one pair/group
3. Social problems of the elderly a. Financial	Discussion	

Knowledge/Skills	Suggested Methods	Materials
b. Forced retirement c. Loneliness d. Social isolation e. Loss	There are a number of excellent films and/or filmstrips available on this subject which can be used to stimulate class discussion. Some suggestions are To Hell with Grandma (Part 1), Peege, Trigger Films on Aging. Use handout, Older Adulthood/ Major Changes.	Film/filmstrip Projector Handout: Older Adulthood/Major Changes (See Appendix A, p.149)
B. Physical Aspects of Aging 1. Normal changes in body systems a. Occur gradually b. Vary between individuals (both in type and degree) c. Examples -less ability of all body systems to deal with stress (illness, exercise, etc.) -decreased cardiac output via heart -increased blood pressure -decreased ability of body to adjust to temperature changes -skin loses moisture and elasticity -muscle power and tone decrease -posture can become stooped -bones are more subject to breakage -changes in senses of vision, taste, smell, hearing, touch -changes in sexuality	Lecture/Discussion There are a number of audio-visual materials available on the physical changes that occur during the aging process. They may be shown if the instructor feels they are appropriate to the class level. However, most of them will require some editing to be suitable for the chore provider student. Two filmstrip series available through the Health Services Film Library do present an overview of the physical aging process. These filmstrips are the Gerontology Care Series and Perspectives on Aging. It is recommended that a distinct period of class time be devoted to the subjects of sensory changes and sexuality changes in the older adult.	A nurse or social worker specializing in working with the older adult would be a good resource person and/or instructor for this area.
	The movie, To Make a Wish (available through the Health Services Film Library) is a good aid to use to demonstrate sensory loss in the elderly.	Film projector
	For the topic of sexuality in the older adult, each student is given a 3 x 5 card on which to write one fact and one question he/she has on this subject. (The writing of	3 x 5 cards - 1 per student Completed student assignment: Sex and the Elderly 1 Question 1 Fact

Knowledge/Skills	Suggested Methods	Materials
	questions and facts is best handled as a student assignment to be completed a day or two before this class.) The questions and facts are used as the basis for the class discussion. It has been found that this method can work well to open up the class discussion on this potentially sensitive subject.	
2. Common physical illnesses of the elderly a. Cardiovascular b. Bones/joints c. Eyesight/hearing d. Diabetes mellitus e. Teeth/gums/mouth	Lecture/Discussion	Pamphlets on various health problems
3. Skills a. Differentiating between physical changes normal to the aging process and physical changes that may indicate illness. b. Making a decision as to an appropriate course of action when a client undergoes abnormal physical changes.	If possible, it would be desirable to have pamphlets available on the various diseases common to the elderly population. (Sources for such pamphlets are given in Appendix B under both the Personal Care and Aging Sections.) Students can be broken into five small groups. Each group reviews materials on one of the five areas listed at left and reports their findings back to the total group. The handout, Common Physical Diseases of the Elderly, may be used to summarize major points.	Handout: Common Physical Diseases of the Elderly (See Appendix A, p.151)
4. Working with the dying client a. Getting in touch with your own feelings about death and dying b. Getting in touch with the feelings of others about death and dying	Have students get in touch with their own feelings about death and dying via the questionnaire, How Do You Feel About Death and Dying? Use the results of the questionnaire as the basis for a class discussion on the subject. Focus the discussion so as to emphasize individual differences and similarities within the group. These findings may then be generalized to other groups such as clients.	Handout: How Do You Feel About Death and Dying? (See Appendix A, p.153)
	The film Death and Dying could be shown in part during this session. The total film runs approximately 90 minutes.	Film/projector

Knowledge/Skills	Suggested Methods	Materials
	It contains several interviews with terminally ill persons. At least one of these interviews could be shown to give students the direct experience of hearing from a dying person. (Availability of the film is discussed in Appendix B.) The filmstrip series, Perspectives on Dying could also be shown here. This filmstrip series is available through the Health Services Film Library.	
c. Helping the client through the dying process (1) Using good communication skills - listening, expressing feelings, accepting, touching (2) Providing for physical comfort - lighting, warmth, fluids, medications	Lecture/Discussion Use handout titled, Helping the Dying Person to summarize important points.	Handout: Helping the Dying Person (See Appendix A, p.155)
C. Psychological Aspects of Aging 1. Definition of mentally healthy individual a. Has positive self-image b. Has good decision making skills c. Has good relationships with other people 2. Role of loss in the mental health of the elderly person a. Many losses b. Losses create stress. c. Too much stress can lead to mental health problems.	Lecture/Discussion Write definition of mentally healthy individual on the chart or board. Have students discuss definition. Note that we all may have problems in these areas sometime. It is the degree and frequency of these problems that is important. Review the types of losses the older adult may experience. The students should be able to recall these from an earlier discussion (Section A-3) in this unit. Carry this discussion further into the subject of stress.	Flip chart Magic marker The Scriptographic Booklet, What Everyone Should Know About Mental Health (See Appendix B) would be good assigned reading prior to class discussion.
3. Common mental health problems of the elderly a. Depression b. Paranoid reaction c. Hypochodriasis d. Organic Brain Syndrome (OBS)	Lecture/Discussion Use the handout Common Mental Health Problems of the Elderly. The instructor may choose to show one of the films or film-	Handout: Common Mental Health Problems of the Elderly (See Appendix A, p.157)

Knowledge/Skills	Suggested Methods	Materials
	strips on this topic suggested under Section B in this unit.	
e. Skills (1) Recognizing signs and symptoms of mental health problems of the elderly (2) Making a decision as to an appropriate course of action when a client has mental health problems	Lecture/Discussion Try to draw out the students in this area. Many of them will have had experiences with this type of client.	Handout: Hints for Working with the Confused (OBS) Client. See Appendix A, p.159)
D. Summary of Learning - Basic Needs of the Elderly 1. Physical Needs Housing Food Clothing Rest Exercise 2. Emotional Needs Love Acceptance Security Recognition Socialization	A good method for summarizing learning in this unit would be to review the Basic Needs discussed in Unit I, Section F. Students should be able to discuss the difficulties elderly people have meeting these needs based on their social, physical and mental problems.	Flip chart Magic marker

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Unit VI: Communication

Tasks: Communicate with client
Communicate with others (family, social worker, other caregiver) about client needs

Performance Objectives:

Each student will be able to:
Define verbal and non-verbal communication.
Give feeling labels to non-verbal communication.
Resolve case examples involving anger by the constructive argument process.
Effectively communicate with the client and other caregivers.

Performance Measures:

The instructor will evaluate student performance based on class discussion, completion of assignments, and small group exercises.

Knowledge/Skills	Suggested Methods	Materials
A. Interpersonal Communication	Discussion	Flip chart Magic marker
1. Importance Almost all aspects of our lives involve some form of communication.	Ask students to give examples of things they did today that involved communication. Typical examples given include talking, reading newspaper, use of telephone, watching TV, reading signs and labels.	
2. Three elements a. Speaker b. Listener c. Subject	Lecture/Discussion Instructor should define the term interpersonal communication. Students should be encouraged to give examples of interpersonal communication on the job. (Conversations with client, family, social worker, supervisor, nurse, doctor, etc.) The importance of good communication on the part of chore providers on the job should be emphasized.	
3. Verbal and non-verbal communication a. Definitions	Demonstration Exercise	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
(1) Verbal communication consists of the words only. (2) Non-verbal communication consists of the other parts of communication, such as face and head movements, voice quality, dress, etc.	Students are divided into pairs. Each pair is asked to discuss one of the following topics: My Favorite TV Show My Hobby My Pet Peeve The pairs must discuss the selected topic facing each other in normal conversation except their eyes must remain closed. The pairs are allowed to talk for approximately five minutes. Following the exercise, the experience is discussed in terms of verbal and non-verbal elements of communication.	
	Use handout, Non-Verbal Behavior Checklist, to give students an appreciation for the many different types of non-verbal behaviors/communication.	Handout: Non-Verbal Behavior Checklist (See Appendix A, p.161)
b. Understanding non-verbal communication (1) Knowledge (a) Research has shown that over 70% of all communication is non-verbal. (b) Most people either ignore non-verbal communication or make quick judgments as to its meaning. (c) Non-verbal communication from others should be interpreted carefully. (d) Communication problems occur when verbal and non-verbal communication don't agree. Example: "I'm not angry!" when said with emotion, clenched fists, etc. (2) Skills (a) Identifying non-verbal behaviors	Demonstration Exercise Divide class into three groups. Assign a list of non-verbal behaviors to each group. (Behaviors should be listed on flip chart.) Each group brainstorms all possible messages for each behavior. Group I Nodding head Rapid talking Sloppy dress Group II Sitting with arms crossed Squirming Speaking loudly	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
(b) Interpreting non-verbal behaviors (c) Identifying and interpreting non-verbal behavior of clients	Group III Avoiding eye contact Yawning Sitting close to person while talking Total group is reconvened and group reports are processed. The above exercise may be illustrated using the non-verbal behavior "smiling slightly." Possible meanings could include amusement, daydreaming, know-it-all attitude, etc.	
B. Qualities of Good Communication 1. Good speaker a. Knowledgeable about subject b. Interested in subject c. Sensitive to the listener d. Compatible verbal and non-verbal messages. 2. Good listener a. Listens, 100% b. Is not preoccupied c. Actively listens d. Doesn't judge speaker on irrelevant issues e. Demonstrates good listening skills with clients and other caregivers	Lecture/Discussion Ask students to define the qualities of a good speaker. List these on the flip chart. Some possibilities are given at left. Demonstration Exercise Divide group into pairs. Have the following topics listed on the flip chart. My Most Embarrassing Moment The Person I Most Admire Why I Want to be a Chore Provider 1. Each pair picks a "listener" and a "speaker." The speaker picks one of the above topics and begins to talk to the listener. Meanwhile, the listener demonstrates poor listening behaviors. 2. Reverse "speaker" and "listener" roles. Speaker follows same process as above. However, this time the listener demonstrates good listening behaviors.	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
	At the close of the exercise, the instructor should lead the class in a discussion of the qualities of a good listener. This discussion should also focus on the effects on the speaker of good and poor listeners. Use the handout, A Good Listener to summarize learnings.	Handout: A Good Listener... (See Appendix A, p.163)
C. Obstacles to Good Communication 1. Stereotyping - we often stereotype people in terms of dress, sex, age, race, religion, speech.	Lecture/Discussion Have students review stereotyping as discussed in the previous unit, Aging. Also have them give examples of stereotyping in the areas listed at the left.	
2. "Happy Hooker" This term applies to certain phrases commonly used in informal communication which tend to lead the speaker away from the subject. Examples of such phrases include: "Speaking of that..." "That reminds me..." "That's like the time..." "I'm glad you mentioned that..."	Demonstration This communication barrier can best be taught via demonstration. If possible, try to get two or three students to demonstrate this problem in action. One student would be the speaker; the other two would play the role of "Happy Hookers." Process the demonstration in terms of the effect on the speaker and his/her feelings.	
3. Values conflicts a. What are values? Ideas, beliefs, purposes, loyalties b. Characteristics of values 1. Come from family, school, past experiences 2. Vary from person to person	Lecture/Discussion A useful exercise to illustrate value differences can be done by listing the following values on a flip chart or blackboard. Financial Security Good Marriage Good Health Religious Faith/Salvation Friendship	Flip chart Magic marker

Knowledge/Skills	Suggested Methods	Materials
	Each student is asked to select the two values he/she considers most important. Group results are tallied and discussed.	
	An alternative exercise or supplemental exercise involves listing the following questions on a flip chart or blackboard. 1. What is your favorite food? 2. What is your greatest strength or achievement? 3. What makes you smile? 4. What would you like most to change or improve about yourself? 5. What do you want most to get from this training? 6. What three words do you want people to remember you by?	Pencil and paper for each student
	Each student is given a pencil and paper on which to write their responses. The class is broken into groups of 3-5 students for discussion of the exercise. Discussion should focus on: 1. Which questions involve values? 2. Which questions were hard or easy to answer? Why? 3. If students are willing to share one or more of their responses, what similarities/differences are noted among the group members?	Leaders for each small group would be helpful but not essential.
c. Value conflicts between chore providers and clients	Lecture/Discussion Have students brainstorm on possible value conflicts which may arise in their work with their clients. Some possibilities are: food likes/dislikes housekeeping standards priorities in managing money	The booklet, How to Understand Yourself and Others (Scriptographic Booklet, See Appendix B.) would be useful for assigned reading.

Knowledge/Skills	Suggested Methods	Materials
d. Handling value conflicts - attitude of acceptance	A discussion of how to handle some of the above problems should lead to the principle of "acceptance" of another person's (client's) values. The poem, Acceptance, could be shared and discussed.	Handout: Acceptance (See Appendix A, p.165)
4. Ignoring Feelings a. Emotions b. Feelings are often communicated non-verbally	Lecture/Discussion The Common Feeling Words handout should be used to give students an appreciation for the many feeling words. The book, The Language of Feelings, gives some good information which could be used as discussion material.	Handout: Common Feeling Words (See Appendix A, p.167)
	Exercise: Feeling statues are an effective technique to use to illustrate the non-verbal communication of feelings. The class should be divided into three groups. Each group is given a Feeling Statues handout. Each group spends time preparing their statues. Each group presents its statues, and the other students guess the feelings being portrayed.	Handouts: Feeling Statues Group 1 Group 2 Group 3 (See Appendix A, pp.169-173) Group leaders for each small group
c. Listening for feelings 1. Identify the feeling 2. Accept the feeling d. Responding to feelings 1. Good Responses "You feel..." "You want..." "You are..." "It's important to you to..." 2. Poor Responses "You shouldn't..." (judging) "It's wrong..." (moralizing) "Let me tell you what to do." (advising)	Lecture/Discussion Use Feelings and Responses handout. Students read each statement and complete the response "I feel..." (If videotape equipment is available, it is very effective to have the statements prerecorded as role plays.) The instructor should list the various feelings suggested for each statement. The instructor should reinforce the idea that two people may experience different feelings in the same situation and that one	Flip chart Magic marker Handout: Feelings and Responses (See Appendix A, p.175)

Knowledge/Skills	Suggested Methods	Materials
3. Students will be able to identify and respond to the feelings of clients.	person may experience several distinct feelings in a single situation. Common examples are confused/angry, happy/sad, and angry/fearful. Once students have identified the feelings, they complete responses to the statements. This can be done in small groups. Responses are reviewed in the total group.	
5. Anger/arguments a. Information (1) Many people have problems expressing anger. Some people are afraid to express their anger. Other people come on too strong when they express their anger. (2) Situations involving anger do occur between chore workers and their clients. b. Skills (1) Good ways of dealing with anger on the job (2) Having constructive arguments	Lecture/Discussion "Suppose all arguments were declared illegal effective immediately. Do you feel this would be a good or bad idea?" Students should discuss the pros and cons of such an idea. (Arguments can solve problems, but sometimes arguments make matters worse.) Exercises Ask students to give examples of how they handle anger either on the job or in other areas of their lives. List all suggestions on the chart or board. (Note that there are many ways to deal with anger.) Use handout, Constructive Arguments. Have students work in small groups to come up with plans for constructive resolution of the conflicts. Students should be encouraged to follow the four step constructive argument model at the top of the page.	Flip chart Magic marker Handout: Constructive Arguments (See Appendix A, p.177) It is recommended that group leaders be available to assist with the small groups.

APPENDIX A

SUGGESTED HANDOUTS

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SAMPLE CLASS SCHEDULE
Chore Provider Training
October 13 thru November 14, 1980
1:30 to 4:30 P.M.

Monday	Tuesday	Wednesday	Thursday	Friday
October 13 NO CLASS	October 14 NO CLASS	October 15 NO CLASS	October 16 Orientation to DSS Social Services Room 609	October 17 NO CLASS
October 20 Home Management Social Services Room 609	October 21 Orientation Social Services Room 609	October 22 NO CLASS	October 23 Home Management Social Services Room 609	October 24 Home Management Social Services Room 609
October 27 Aging Social Services Room 609	October 28 Personal Care Red Cross Building 1000 Forest Hills Blvd.	October 29 Personal Care Red Cross Building 1000 Forest Hills Blvd.	October 30 Aging Social Services Room 609	October 24 Aging Social Services Room 609
November 3 Nutrition Health Dept.	November 4 Personal Care Red Cross Building	November 5 Personal Care Red Cross Building	November 6 Nutrition Health Department	November 7 Food Lab Kitchen-St. Phillips Church
November 10 Food Lab Kitchen-St. Phillips Church	November 11 Personal Care Red Cross Building	November 12 Personal Care Red Cross Building	November 13 Communications Social Services Room 609	November 14 Communications Social Services Room 609

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COMMUNITY RESOURCES
CASE EXAMPLES

1. You know an elderly lady who lives alone. She is on a strict diet and states that her Social Security check does not give her enough money to buy her food. She also states that she has problems buying her medicine and paying her hospital bills. Today she went to her doctor, and he suggested that she get a walker to help her to get around her house without falling.

2. You know a 55 year old lady who has recently lost her husband. He always took care of financial matters so she never learned how to budget. She has no job due to poor health. Her family lives in another city. Due to her health problems she is unable to do light housework and cooking.

3. You know a 75 year old man who is in good health, but he is very lonely. His wife died several years ago, and his children live in another state. In talking with him, you learn he does not have many friends. He used to enjoy reading, but he has had to give this up due to his poor eyesight.

CHORE PROVIDER DUTIES?

Directions: Each of the following statements describes a task or duty which can or cannot be performed by chore providers under the North Carolina Chore Services Program. Read each task. If you think the task described can be performed by chore providers for their clients in North Carolina, write "Yes" on the line to the left of the statement. If you think the task described cannot be performed by chore providers for their clients in North Carolina, write "No" on the line to the left of the statement.

_____1. Assist with eating

_____2. Give medications

_____3. Shop for food

_____4. Assist with mobility (walking, getting from bed to chair, etc.)

_____5. Plant and care for a garden

_____6. Assist a client who is a patient in a hospital

_____7. Change surgical dressings

_____8. Pay bills

_____9. Assist with bathing

_____10. Take clothes to the laundromat

_____11. Give oxygen

_____12. Take out garbage

TASKS WHICH MAY BE PERFORMED BY CHORE PROVIDERS

1. Light Housekeeping
   (a) Sweeping, mopping, dusting, cleaning bathrooms
   (b) Making beds
   (c) Laundry
   (d) Disposing of garbage
   (e) Minor home repairs

2. Transportation to:
   (a) Buy groceries
   (b) Pay bills
   (c) Doctor/medical appointments

3. Personal Care
   (a) Assist with grooming
      1. Care of hair
      2. Care of mouth
      3. Care of skin
   (b) Assist with eating
   (c) Assist with bathing
   (d) Assist with dressing
   (e) Assist with mobility (and transfer)
   (f) Monitor medications

4. Meal Preparation
   (a) Menu planning
   (b) Cooking
   (c) Clean-up

CHORE SERVICES AGENCY
PERSONNEL POLICIES EXERCISE

Student_____

Directions: The five examples below describe typical on-the-job problems faced by chore providers. Read each problem. In the space below the problem, write what the chore provider should do about the problem. Your answers must take into consideration agency personnel policies.

1. Mrs. Smith is a chore provider for Mrs. Green. Mrs. Smith is contracted to work for Mrs. Green from 8 a.m. - 11 a.m. Today, Mrs. Smith has car problems. She will not be able to get to work until 10 a.m., at the earliest.
Mrs. Smith should _____

_____

2. Mrs. Jones is a chore provider for Mr. and Mrs. Brown. Recently Mr. and Mrs. Brown have been arguing a lot, Their arguments sometimes get rather loud so the neighbors can hear them. Today, when Mrs. Jones is leaving the Browns' home a neighbor calls her aside. The neighbor begins asking Mrs. Jones about the Browns' problems.
Mrs. Jones should_____

_____

3. Ms. Riggs is a chore provider for Mr. Blue. Ms. Riggs is a heavy smoker. Today Mr. Blue asks Ms. Riggs not to smoke while she is in his house.
Ms. Riggs should_____

_____

4. Ms. James is a chore provider for Mr. and Mrs. Allen. She works for them from 1 p.m. to 4 p.m. each day. Today Mrs. Allen tells Ms. James that she doesn't want her to come for a couple of weeks as they will be out of town.
Ms. James should_____

_____

5. Miss Bennett is a chore provider for Mrs. Graham. Miss Bennett has a lot of bills. Today, Mrs. Graham offers to loan Miss Bennett some money to pay her bills.
Miss Bennett should_____

_____

ELEMENTS OF GOOD NUTRITION

Name	Source	Purpose
Protein	Meat, fish, poultry, cheese, milk, eggs, dried beans	Used to build and repair body tissues, also supplies energy
Carbohydrate	Cereals, bread, sugar, potatoes, dried beans	Supplies energy
Fat	Oils, butter, margarine, salad dressing	Supplies energy
Calcium	Milk, cheese, ice cream, leafy green vegetables	Helps build bones and teeth
Iron	Liver, chicken, potato, dried fruit, fish, dried beans and peas, whole grain cereals	Combines with protein to make hemoglobin, the red substance in the blood that carries oxygen to the tissues
Vitamin A	Leafy green vegetables, yellow vegetables, yellow fruits, butter, cheese, liver, egg yolk	Protects eyes against night blindness, keeps skin soft and smooth. Helps prevent infection
Thiamine	Fish, lean meat, chicken, milk, dried beans and peas, enriched breads and cereals	Helps keep nervous system healthy, keeps appetite and and digestion normal
Riboflavin	Milk, liver, chicken, eggs, leafy green vegetables, enriched breads and cereals	Helps keep skin, eyes, and mouth healthy. Good for general health and vitality
Niacin	Eggs, chicken, liver, enriched breads and cereals	Helps keep skin and nervous system healthy, helps body get energy from foods
Vitamin C	Citrus fruits, berries, melon, potatoes, tomato, cabbage	Keeps gums healthy, protects small blood vessels, helps body resist infection
Vitamin D	Butter, tuna, Vitamin D milk, sunshine, egg yolk, cod liver oil	Helps build good bones and teeth

Adapted, with permission from materials supplied by Becky Freeman, Nutritionist, Durham County Health Department

WANT NUTRITIOUS MEALS?
FOLLOW THE BASIC FOUR FOOD GROUP WAY

FOOD GROUPS	VEGETABLES AND FRUITS	BREADS AND CEREALS	MILK AND CHEESES	MEATS, POULTRY, FISH, AND BEANS
Which Foods?	All vegetables and fruits (fresh, canned frozen, dried) and their juices.	All foods made of whole grains or enriched flour or meal. Includes breads, biscuits, muffins, waffles, pancakes, pasta, rice cooked and ready-to-eat cereals.	All types of milk, yogurt, cheese, ice cream, foods prepared with milk (milk shakes, cream sauces, puddings)	Beef, veal, lamb, pork, poultry, fish, shellfish, variety meats, dry beans or peas soybeans lentils, eggs, nuts, peanut butter, seeds.
How Many Servings Each Day?	Everyone-4 servings. (For vitamin C: citrus, melons, berries, tomatoes or dark green vegetables daily. For vitamin A: dark green or yellow vegetables).	Everyone-4 servings. (For fiber: some whole grain bread or cereal everyday).	Child, under 9-2 to 3 servings. Child, 9 to 12-3 servings. Teens-4 servings. Adults-2 servings. Pregnant women-3 servings. Nursing mothers-4 servings.	Everyone-2 servings.
How Much Is A Serving?	½ cup or a typical portion such as 1 medium orange, ½ medium grapefruit, 1 medium potato, or 1 wedge of lettuce.	1 slice bread; 1 biscuit, muffin; pancake, or waffle; ½ cup cooked, pasta, rice, cereal; 1 oz. ready-to-eat cereal.	1 cup milk or yogurt, 2 cups cottage cheese, 1 1/3 ounces cheese, food or spread, ¼ cup Parmesan. 1½ cup ice cream.	2 to 3 ounces lean cooked meat, poultry, or fish; 1 to 1½ cups cooked dry peas, or lentils; 2 eggs; ⅓ to 1 cup nuts or seeds; ¼ cup peanut butter.
What's In It For You?	Carbohydrates; fiber; vitamin A&C. Dark green vegetables riboflavin, folacin, iron, and magnesium. Certain greens - calcium.	Carbohydrates; protein; B vitamins; iron. Whole grain products-magnesium, folacin, and fiber.	Protein; calcium; riboflavin; vitamin vitamins A, B_6, & B_{12}. When fortified, these products also provide Vitamin D.	Protein; phosphorus; vitamin B_6; iron. Foods of animal origin-vitamin B_{12}. Liver & egg yolks= vitamin A. Dry beans, peas, and nuts-magnesium.

Adapted, with permission, from materials supplied by Becky Freeman, Nutritionist, Durham County Health Department.

READING FOOD LABELS

Directions: On the accompanying sheet are some typical food labels containing nutritional information. Note the letters (A through G.) beside each label.

Listed below are five questions. The questions ask you to find information on the food labels. Read each question and write the letter (or letters) of the food labels on the line to the left of the question.

Sample Question

Which food contains very few nutrients and is of little nutritional value?

The correct answer would be label A, the diet soda which contains only 1 gram of carbohydrate and only very small amounts of some vitamins.

__1. Which two foods contain water as their main ingredient?

__2. Which food supplies the most Vitamin A?

__3. Which food has the largest amount of iron?

__4. Which food would be the best source of protein and calcium?

__5. Which two foods supply at least half (50%) of the U.S. Recommended Daily Allowance (RDA) of Vitamin C?

NUTRITIONAL INFORMATION PER SERVING OF SOME COMMON FOODS

A DIET SODA

Serving size.....12 ozs.
Serving per container..... 1
Calories per serving..... 0
Protein..... 0
Carbohydrate(Grams)..... 1
Fat..... 0

Contains less than 2 percent of the US RDA of Vitamin A, Vitamin C, Thiamine, Riboflavin, Niacin, calcium and iron.

Contains: Carbonated water, caramel color, flavorings, phosphoric acid, sodium saccharin, sodium benzoate, caffein, contains 9.2 mg. per fluid ounce saccharin, a nonnutritive sweetener.

B STRAWBERRY YOGURT

Serving size.....1 cup
Serving per container..... 1
Calories..... 240
Protein (Grams)..... 12
Carbohydrate..... 38
Fat..... 4
Percentage of US recommended daily allowances (US RDA)

Protein	25	Riboflavin	25
Vitamin A	2	Niacin	0
Vitamin C	0	Calcium	40
Thiamine	4	Iron	0

Contains: Cultured milk, skim milk, strawberries, corn sweeteners, sugar, natural flavor concentrates.

C RAISINS

Serving size.....½ cup
Serving per container.....Approx.5
Calories.....250
Protein..... 3g.
Carbohydrates..... 66g.
Fat..... 0g.
Percentage of US recommended daily allowances (US RDA)

Protein	4	Niacin	2
Vitamin A	0	Calcium	4
Vitamin C	0	Iron	8
Thiamine	8	Phosphorus	8
Riboflavin	0	Magnesium	6
		Copper	15

D TOMATO SOUP

Serving size..... 5 oz. condensed
12 oz. as prepared
Serving per container..... 2

	As pkgd.	W/Milk
Calories	110	210
Protein(Grams)	2	7
Carbohydrate(Grams)	20	27
Fat(Grams)	2	7

Percentage of US recommended daily allowances (US RDA)

	As pkgd.	W/Milk
Protein	2	10
Vitamin A	10	10
Vitamin C	50	50
Thiamine	2	4
Riboflavin	0	10
Niacin	4	4
Calcium	0	15
Iron	2	2

Ingredients: water, tomato paste, corn syrup, wheat flour, salt, partially hydrogenated vegetable oils, natural flavoring, ascorbic acid (Vit.C) and citric acid.

E CANNED APRICOTS

Serving size.....1 cup
Serving per container.....Approx. 2
Calories..... 220
Protein..... 1g.
Carbohydrates..... 56g.
Fat..... 0g.
Percentage of US recommended daily allowances (US RDA)

Protein	0	Riboflavin	2
Vitamin A	70	Niacin	4
Vitamin C	10	Calcium	2
Thiamine	2	Iron	4

Ingredients: apricots, water, sugar, and corn sweetener.

F ORANGE JUICE

Serving size.....½ cup
Serving per container.....8
Calories.....60
Protein.....1 g.
Carbohydrate.....13 g.
Fat.....0 g.
Percentage of US recommended daily allowance (US RDA)

Protein	0	Riboflavin	0
Vitamin A	4	Niacin	2
Vitamin C	90	Calcium	0
Thiamine	6	Iron	0

MENU PLANNING
CASE EXAMPLES

1. Mr. Jones is 69 years old and lives alone. He has had some problems with his dentures. He has difficulty chewing some foods, such as meats and raw vegetables.

2. Mrs. Smith, a 72 year old widow, is on a limited income. Recently her doctor has told her to cut down on her fat intake. He also told her to make sure she's getting enough calcium each day.

3. Mrs. Brown is 70 years old. She is in good health but tends to be a little overweight. She likes sweets and dislikes yellow vegetables.

BREAKFAST LUNCH SUPPER

MEASURING EQUIVALENTS

1 tablespoon = 3 teaspoons
¼ cup = 4 tablespoons
1/3 cup = 5 tablespoons and 1 teaspoon
½ cup = 8 tablespoons
1 cup = 16 tablespoons
1 pint = 2 cups
1 quart = 4 cups
1 pound = 16 ounces (weight)

HOW MUCH AND HOW MANY

1 stick or ¼ pound butter = ½ cup
juice of 1 lemon = 3-4 tablespoons
juice of 1 orange = 6-8 tablespoons
1 medium apple, chopped = 1 cup
1 medium onion, chopped = ½ cup
4 ounces macaroni (1-1¼ cups) = 2½ cups cooked
4 ounces noodles (1½ cups) = 2¾ cups cooked
4 ounces spaghetti (1-1¼ cups) = 2½ cups cooked
1 cup uncooked rice = 3-3½ cups cooked
1 cup precooked ("instant") rice = 2 cups cooked
1 pound process cheese = 4 cups shredded

COMMON CAN SIZES

8 ounces = 1 cup
12 ounce vacuum = 1½ cups
No. 300 = 1 3/4 cups or 14-16 ounces
No. 303 = 2 cups or 16-17 ounces
No. 2 = 2½ cups or 20 ounces
No. 2½ = 3½ cups or 29 ounces

MODIFIED DIETS*

Diet	General Use	Recommended Foods	Foods to Avoid
Low-calorie	overweight	skim milk, fresh fruits, lean meat or fish, vegetables, 1-2 servings cereal a day	fried foods, rich gravies and sauces, jams, jellies, rich desserts
High calorie	underweight	peanut butter, egg nog, jellies, ice cream, desserts, frequent snacks, milk shakes	
Bland	stomach or intestinal problems, ulcers	milk, creamed soups, puddings custards, eggs, plain potato	highly seasoned, fried foods, raw vegetables and fruit, whole grain breads and cereals, rich desserts
Diabetic	diabetes	canned fruits without sugar, fresh fruits, regular meat, vegetables, bread, sugarless jello and custards	food containing sugar, alcoholic beverages, gravy, sauces, chocolate, carbonated beverages
Low-salt	fluid retention heart problems	foods cooked without salt, regular meat, vegetables, fruits, salt substitute if Dr. prescribes	smoked, cured, canned meats, cold cuts, cheese, potato chips, pickles, bouillon, prepared mustard, catsup, commercial salad dressings, soy sauce
Liquid	convalescents and chewing problems	egg nog, milk shakes, bouillon, strained cream soups, beverages, fruit juices, ice cream, jello, pudding	solid foods
High-roughage	constipation	whole grain breads and cereals, raw and cooked vegetables, fruit juices, water, milk and protein rich foods, bran or bran flakes	

*Note - this chart is a general guide to special diets. Always follow the doctor's prescribed diet plan. Reproduced with permission from: A Model Curriculum and Teaching Guide for the Instruction of the Homemaker - Home Health Aide, DHHS Publication No. (HSA) 80-5508. Developed by the National Home Caring Council, 67 Irving Place, New York, New York 10003 under contract with the Health Services Administration, Public Health Service, Department of Health and Human Services, Rockville, Maryland 20857.

MODIFIED DIETS QUIZ

Directions: In Column I are listed a number of modified diets. In Column II are listed some foods and uses associated with these diets. Read each item in Column II, and write the letter of the diet in Column I which most closely applies. Sometimes more than one diet from Column I may be correctly matched with an item in Column II.

I		II
A.	Low Calorie	____1. Avoid smoked meats, such as ham
B.	High Calorie	____2. Eat canned fruits without sugar
C.	Bland	____3. Eat peanut butter, ice cream
D.	Diabetic	____4. Eat bran or bran flakes
E.	Low Salt	____5. Avoid solid foods
F.	Low Fat	____6. Used for people with stomach or ulcer problems
G.	Liquid	____7. Avoid fried foods
H.	High Roughage	____8. Used for people with constipation problems
		____9. Eat skim milk
		___10. Used for people with heart problems

FOOD LAB MENU

BREAKFAST	DINNER	SUPPER
½ large orange or 1 small orange or ½ cup orange juice	*Stir/Fry Chicken with Vegetables	*Potato Soup
*Cooked cereal with ½ cup milk (sugar optional)	*Steamed Brown Rice	Beef Patty
*Scrambled Eggbeater or 1 egg	-OR-	Whole Wheat Bread
*Wheat germ muffin or whole grain toast	*Asparagus Quiche	Margarine
Margarine	-OR-	*Carrot Salad Supreme
Beverage	*Meat Loaf	*Broccoli with Cheese Sauce
	Green beans (with meat loaf)	Fruit or Strawberry Shortcake with biscuit
	*Honey Glazed Carrots	Beverage
	Gelatine Salad	
	Beverage	
	*Fruit Cup or Prune Pudding	
	Cookie, Graham Cracker or Angel Cake	
SNACK	SNACK	BEDTIME SNACK
Fruit in Season or orange juice and graham cracker	Yogurt	Fruit in Season
	*Chocolate Bran Candy	

*Suggested dishes to be prepared during cooking session.

This food laboratory unit was developed in a cooperative effort with Ms. Jane Hare, In-Home Services Coordinator, Coordinating Council for Senior Citizens, Durham N.C.

FOOD LAB RECIPES

OATMEAL COOKED IN MILK

½ cup quick-cooking oatmeal
½ cup water
½ cup milk
¼ tsp. salt

Mix oatmeal, milk, cold water and salt in small saucepan. Bring to a boil and cook 1 minute, stirring constantly. Cover pan, remove from heat and let stand a few minutes. Serve piping hot, topped with milk, whole or skim. Makes 2 servings.

BROCCOLI WITH CHEESE SAUCE

1 package fresh or frozen broccoli spears
½ teaspoon salt
1 cup water
1 tablespoon corn oil

Clean fresh broccoli. In saucepan boil 1 cup of water, ½ teaspoon salt and 1 tablespoon corn oil, add broccoli and cook for 15-20 minutes or until tender, but do not overcook. If frozen broccoli is used, follow package directions for cooking.

Cheese sauce:

2 tablespoons vegetable margarine
2 tablespoons flour
¼ teaspoon salt
1 cup milk
½ cup grated cheese

Melt margarine in a saucepan over direct heat; add flour and salt at once and stir until blended. Remove from fire and add about 1/3 of the milk, stir until blended. Return to fire and continue stirring until mixture begins to thicken; add ¼ cup of cheese and stir. Add remaining milk and cheese and stir constantly over heat until thickened. Pour over broccoli spears. Makes 4 servings.

CARROT SALAD

½ bunch carrots (3-4)
1 small can crushed pineapple
½ cup raisins
1/3 cup salad dressing/mayonnaise

Scrape carrots and grate into a mixing bowl. Pour pineapple and juice over the carrots and mix. Add carrots and stir in salad dressing. Stir together all ingredients and let chill for 30 minutes. Makes 3-4 servings.

HONEY GLAZED CARROTS

½ bunch of carrots (about 3 or 4 carrots)
½ teaspoon salt
2 tablespoons butter
2 tablespoons honey
Dash of nutmeg

Scrape carrots, cut into sticks and cook in small amount of boiling salted water. In a small pan, melt butter and honey together. Spoon over drained carrots. Continue heating until carrots are well glazed. Add a dash of nutmeg. Serve hot. Makes 2 to 3 servings.

PRUNE PUDDING

¼ cup sugar
1 tablespoon cornstarch
Dash salt
3/4 cup milk
1 cup chopped cooked prunes
¼ cup prune liquid or juice
2 teaspoons lemon juice

Combine sugar, cornstarch and salt in saucepan. Add milk and cook over low heat, stirring constantly, until thickened. Continue cooking and stirring 5 minutes. Remove from heat and cool slightly. Stir in prunes, prune juice and lemon juice. Chill well. Makes 3 to 4 servings.

You'll enjoy this pudding as a snack as well as a dessert with most any lunch or dinner. If you prefer a milder flavor, use less prunes, or use 1 jar of junior baby food prune pulp.

POTATO SOUP

2 cups diced potatoes
½ cup diced celery
1 T. onion flakes
3/4 cup water (about)
1 teaspoon salt
*1 cup milk
1 tablespoon margarine

*More may be added.

Cook potatoes, celery and onion with salt, in just enough water to barely cover. Cook 10 to 15 minutes over moderate heat until vegetables are tender. Mash vegetables slightly in liquid. Add milk and butter, heat. Add pepper, if preferred. Makes 2 generous servings.

"FORTIFIED" MEAT LOAF

1 lb. ground lean beef
½ cup rolled oats
1 medium onion, chopped fine
1 cup canned tomatoes
½ cup non-fat dry milk
1 teaspoon salt
1/8 teaspoon pepper if desired

Set oven temperature to 325°F. Thoroughly mix together all of the above ingredients and shape this into a loaf pan. Bake about 1 hour. If you want to shape it into two little loaves, you can wrap them in aluminum foil to keep in the flavor, and freeze the extra loaf for another meal. (This meat loaf is as good served cold as it is hot.) Also, if you are cooking for one or two, this meatloaf can be baked in muffin tins. Leftover servings can be frozen individually and used for other meals. If using muffin tins, reduce cooking time to 30 minutes.

WHEAT GERM MUFFINS

1 egg
¼ cup sugar
1 cup milk
¼ cup oil
1 cup flour
1 cup wheat germ
2½ tsp. baking powder
½ tsp. salt

Combine liquid ingredients in a small bowl. Combine dry ingredients in a medium size bowl. Add liquid ingredients to dry ingredients. Pour mixture into greased or paper lined muffin tins. Bake at 425°F for about 15 minutes. Yield: 12 muffins.

ASPARAGUS QUICHE

½ cup finely chopped onion
½ pound swiss cheese, cut in small chunks
1 can asparagus, cut up, and drained
1 unbaked 9 inch pie shell
3 eggs, slightly beaten
2 cups milk
½ teaspoon salt
¼ teaspoon nutmeg

Preheat over to 450°F. Bake pie shell for 5 minutes and remove from oven. Sautee onion in approximately one tablespoon of oil; cool slightly, and sprinkle into pie shell. Layer asparagus on top of onion; sprinkle with cheese. Mix together eggs, milk, salt, and nutmeg; pour into pie shell. Bake 10 minutes at 450°F. Reduce oven temperature to 325°F and continue baking until firm (about 20 minutes). Let cool some before serving; best if served lukewarm. Cut in wedges; serves 6.

ORANGE BALLS

1 pound box graham cracker crumbs
(vanilla wafers may be used)
3/4 cup nuts, Optional (pecans or walnuts)
1/4 cup margarine
3 oz. can undiluted orange juice concentrate

Mix all ingredients together well in large mixing bowl. Make into balls. Roll in additional powdered sugar to coat. Wrap each ball in small square of plastic wrap. Keep refrigerated.

SUGGESTIONS FOR OTHER SNACKS

Milk (skim or buttermilk), ice milk, sherbet, cheese or peanut butter and crackers, whole grain dry cereals, nuts, raisins, other dried fruit, fresh fruit, raw vegetables, oatmeal, oatmeal or peanut butter cookies, fruit or vegetable juices.

COMMON RECIPE TERMS

Bake: To cook in an oven. Slow oven temperature is 300-325°F. A moderate oven temperature is 350-375°F. A hot oven temperature is 400-425°F.

Baste: To periodically moisten foods during cooking with pan drippings or a special sauce. The object of basting is to keep the food from drying.

Blend: To mix together (using a spoon, fork, mixer, etc.) two or more ingredients until smooth.

Boil: To cook a liquid at boiling temperature, 212°F. Parboil means to boil a substance (such as potatoes) until partially cooked.

Braise: To brown meat quickly on top of stove in a small quantity of fat. A small amount of water is added to the pan. The pan is tightly covered and the meat is cooked over low heat until tender.

Bread: To coat with a crumb flour mixture. Usually this is done to fish, meat or poultry prior to frying or baking.

Broil: To cook by direct heat. Broiling is the preferred method of meat preparation for people on low-fat or low-calorie diets as the fat content is minimized.

Chop: To cut into pieces with a knife, commonly used to prepare fruits, vegetables, nuts, etc. for cooking.

Cream: To beat with a spoon or mixer until soft and fluffy. This technique is often used to combine fats, sugar, and eggs as an initial step in preparing cookies, cakes, etc.

Cut-in: To blend shortening or other solid fat into dry ingredients, such as flour, using knives, forks or a pastry blender.

Dice: Similar to chop; the food is usually cut into small uniform cubes.

Dissolve: To make a dry substance go into solution with a liquid-for example, dissolving sugar in hot coffee/tea.

Fry: To cook in hot fat. Pan frying refers to cooking in a pan in a shallow layer of fat of less than 2 inches. Deep frying refers to cooking in a deep layer of fat. Stir-frying refers to an oriental cooking technique where meat and vegetables are quickly fried in a very small quantity of fat, using a rapid stirring motion to prevent burning.

Knead: To work dough (bread, rolls, biscuits) until smooth.

Marinate: To allow food (meat, vegetables) to stand in a liquid either to add flavor or tenderize. The liquid is called a marinade.

Measure: To use measuring spoons and measuring cups to measure exact amounts of ingredients as specified in a recipe. Liquid measure must be done by bending down so that the measure is read at eye level. Dry measure is done by filling measuring cups to overflowing and leveling off with a knife edge. Used to measure flour, sugar, baking powder, etc.

Mince: To chop into very fine pieces.

Mix: Similar to Blend.

Pare: Refers to the process by which fruits and vegetables, such as apples and potatoes, are peeled of their external skin.

Roast: Similar to Bake; usually used as a term to describe the cooking of meat in an oven.

Sautee: To cook over moderate heat in a small amount of fat.

Simmer: To cook in a liquid over low heat so that small bubbles form around the edge of the container.

Stir: To mix ingredients with a circular motion. Similar to Blend and Mix.

Toss: To mix ingredients lightly.

Whip: To mix very rapidly in order to combine air with the substance. Used to make meringue from egg whites and whipped cream from heavy cream.

MEAL PREPARATION CHECK-LIST

Read each of the statements below. Place a check mark beside the steps you usually follow when preparing a meal.

_____1. Wash hands before handling food.
_____2. Wash counters/tables before preparing or eating food
_____3. Wash counters immediately after handling food, especially raw meat.
_____4. Wash fresh fruits and vegetables before using.
_____5. Scrape dishes before washing.
_____6. Wash dishes with hot water and soap.
_____7. Wash dishes in the following order: glassware, silverware, dishes, cooking utensils.
_____8. Let washed dishes air dry.
_____9. Feed pets away from the food area using separate dishes.
_____10. Serve cooked foods as soon as possible after they are ready.
_____11. Wrap all food garbage in paper or plastic and remove from home daily.
_____12. Thaw frozen meats in the refrigerator.

HOW TO CLEAN THE KITCHEN SINK

A clean kitchen sink:
prevents the spread of disease
doesn't attract insects
prevents kitchen odors.

DAILY TASKS

After washing dishes, clean the sink with detergent and warm water. Rinse with clear water.

Get rid of black marks by rubbing spots with fine scouring powder on a clean, damp cloth. Rinse. Many sinks are made of procelain enamel which is like glass. Coarse gritty scouring powder can scratch the porcelain and will make the sink harder to clean later on. Avoid using coarse scouring materials on stainless steel sinks, too.

DO NOT pour grease down drains. Hardened grease will clog drains. Collect grease in an empty tin can. Let grease harden then put it into the garbage can.

Clean faucets with detergent and water. Do not use scouring powder. The plated finish on the faucets can be worn off with hard rubbing and scouring powder.

SPECIAL PROBLEMS

If the sink is stained, use a tablespoon of chlorine bleach on a small sponge. Put the sponge over the stain for a few minutes to remove the stain. Rinse sponge and sink to remove the bleach.

To get rid of brown stains around the faucets, try vinegar or lemon juice in water. Clean around the faucets with this. Then rinse with clear water.

If the kitchen sink is old and badly scratched, you will need to use a coarser scouring powder to clean it. To make the whole sink whiter, you can use a bleach solution. Fill the sink with hot water. Add bleach (no stronger than package directions). Let it stand a while. Drain. Rinse the sink well.

Remember the porcelain in a sink is like glass. It can be chipped if it is hit with something sharp or heavy.

Pipes can plug up. Here's how to clean drain pipes:

(1) Run hot water into sink. This hot water will stay in the trap. If water drains out slowly, pour hot, sudsy water through the drain. This cuts the grease. Flush well with hot clear water.

(2) If running lots of hot water through the pipes doesn't help, use a special drain cleaner. Read the label. Follow the directions

printed on the can or bottle. Use only one kind of drain cleaner at a time--never mix different kinds. Don't stand close to the sink when the drain cleaner begins to bubble and "boil." There are fumes coming off that could hurt your eyes and lungs.

(3) If the sink stops up often, get a rubber plunger. Fit this plunger down tightly over the drain hole. Force the plunger handle down quickly several times. This can loosen clogging before the sink stops up completely.

(The major portion of this information is reproduced from "Special Homemaker Series, No. 33" published by the North Carolina Agricultural Extension Service.)

Temp. Guide
Room: Not above 75°F
Refrig.: 35-40°F
Freezer: 0°F

FOOD STORAGE GUIDELINES

TYPE	STORAGE METHOD	SHELF LIFE
MEAT Beef, Pork, Poultry, Fish, etc.	In coldest section of the refrigerator for short periods. In freezer, tightly wrapped in foil or freezer paper for longer periods.	Refrigeration Ground meat Poultry 1-2 days Fish Frozen 6 mos. for most meats 1 yr. for whole chickens.
DAIRY PRODUCTS Fresh Milk, Cheeses, Eggs, Butter, Margarine	Milk should be refrigerated and covered. Cheese may be refrigerated or frozen, tightly wrapped. Butter, margarine, unbroken eggs should be refrigerated. Separated eggs should be covered and refrigerated or frozen.	Refrigeration Milk 7-10 days Cheese 10 days Butter/marg. 2 weeks Frozen Eggs 12 months Cheese 6 months (Don't freeze cottage or cream cheese)
FRESH Fruits and Vegetables (When appropriate, let ripen at room temperature)	Bananas, hard squash, onions, potatoes may be kept at room temperature. Other fruits and vegetables should be refrigerated or frozen Don't wash berries, cherries, greens before refrigerating. Wash before using.	Refrigeration Berries 2 days Most others 5-7 days Citrus 2 weeks Frozen 6-12 months
CANNED Fruits and Vegetables	At room temperature. Keep out of light if in glass containers.	Up to 1 year

FOOD STORAGE GUIDELINES (cont'd)

TYPE	STORAGE METHOD	SHELF LIFE	
DRY Cereals, Grains, Pasta, Dried Beans, Flours, Sugar	Room temperature, in original packages. After opening should be wrapped in plastic or put in closed storage containers, whole grains such as cornmeal should be stored in the refrigerator.	Cereals Pasta, Noodles, Rice, Flours	3 months Up to 1 yr. 3-6 months
BAKED GOODS Bread, Cakes, Pies Cookies, Rolls	For short periods, some baked goods may be kept sealed at room temperature. Most baked goods keep better refrigerated. Items with cream, eggs, milk, custard fillings, etc. must be refrigerated. Freeze bread, cookies, unbaked fruitpies for longer periods tightly wrapped.	Room Temperature 3 days, maximum Refrigeration 3-5 days Frozen 3-6 months	
PREPARED FOODS Cooked Meats, Soups, Casseroles, Gravies, Cream Sauces	Refrigerate covered for short periods. Freeze for longer periods.	Refrigeration 3-5 days Frozen 2-3 months	
MISCELLANEOUS Herbs, Spices, Shortening, Salad Oils, Coffee, Tea, Mayonnaise, Salad Dressings	Most of these items may be stored, tightly sealed, at room temperature. Mayonnaise and salad dressings should be refrigerated after opening. Some salad oils may need to be refrigerated during the summer months.	Shortening Herbs/Spices Coffee/Tea Mayonnaise Salad Oils	6-9 months 6-12 months 6-12 months 3 months 3 months

PRODUCTS AND TOOLS FOR CLEANING

Products and Tools	Uses
Detergents powder, liquid	Wash dishes. Wash clothes. General household cleaning.
All purpose cleaners liquid, powder	Heavy household cleaning. Get rid of grease and grimy dirt.
Baking Soda	Cleans glass, wall tile, and porcelain enamel, deodorize refrigerator.
Ammonia	Loosens wax. Washes windows and mirrors.
Vinegar	Removes hard-water spots. Removes rust stains from sinks.
Lemon Juice	Use the same way as vinegar.
Cleansers and Scouring Powders	Remove tarnish and stains. Be careful -- can scratch shiny finish of sinks, bathtubs, and kitchen appliances. Use only when needed.
Bleach	Helps remove stains, but can dull shiny porcelain finish. Whiten laundry and remove many stains from clothes. A capful of bleach in dishwater will help kill germs.
Steel wool or soap pads	Remove "stuck on" foods from pans and oven racks. Especially useful on aluminum. Be careful not to overuse on pots and pans. Try soaking them first or boiling with some baking soda.
Wax Floor Wood furniture	 Keeps floors shiny and easier to clean. Makes furniture look better, protect surface.
Polishes Furniture, Silver, Other metal	Clean-and-polish type loosens smudges from furniture, but you will need to clean grease or sugary spills before using polish to get rid of spot. Use metal polish as directed on label.
Drain Cleaner	Use with care, rinse with lots of water.

Special Products Toilet Bowl Cleaner Oven Cleaner Disinfectants and Sanitizers	Buy these if you need them. Follow directions on the label--they can be harmful. Use and store them with care.
Broom	A fiber broom will be more expensive but will last longer. Hang the broom or rest it on the handle end for longer life.
Dustpan	Dustpans with long handles are best. You won't have to bend over to pick up the dirt.
Dry Mop--Dust Mop	The best mop has a removable mop head so it can be washed easily.
Carpet Sweeper	Can be used on rugs and for light cleaning.
Vacuum Cleaner --Lightweight --Cannister or Tank --Upright	.....For light cleaning. Use on wood floors or carpets and rugs. Has no attachments. .....Comes with a variety of attachments; is a good all-purpose cleaner. .....Especially good on rugs and carpets. Can buy attachments to make this an all-around cleaner.
Sponge Mop or String Mop	Choose one that has mop head that can be removed from handle for washing. Check handle length. Be sure it's long enough.
Pails	It's nice to have two pails--one for washing and one for rinsing. Check size and shape. Sponge mop should fit into both pails.
Sponges or Cleaning Cloth	Worn-out clothing makes soft cleaning cloths. You'll need a variety. Use coarse cloths and towels for heavy cleaning, and smoother ones for polishing jobs.
Stepladder or Step Stool	You can use a sturdy chair for climbing, but a stepladder or stepstool is much safer. Choose a ladder that is high enough to reach any surface that will need cleaning.

(The major portion of this information is reproduced from "Special Homemaker Series, No. 35" published by the North Carolina Agricultural Extension Service.)

HOW TO CLEAN AND DEFROST THE REFRIGERATOR

A clean and defrosted refrigerator:
Keeps food from spoiling
Cools better
Costs less to run

CLEAN AND DEFROST YOUR REFRIGERATOR

Wash the inside of the refrigerator just before you do the weekly food shopping.

Many new refrigerators are "frost free" or defrost automatically. If your refrigerator is one of these, you need not defrost. But, you still need to wash and clean the inside regularly.

If your refrigerator does not defrost automatically, it should be defrosted when frost on outside walls of the freezing section is about ¼ inch thick.

GETTING READY TO DEFROST

Turn the refrigerator controls--the dial--to the word "Defrost" if it has that setting. Or turn the dial to "Off."

Take out ice cube trays and frozen food. Put frozen food in a cardboard box. Wrap food in layers of newspapers. Cover with lots of newspapers. This helps keep the food from thawing.

Put a large pan of hot water in the freezing section of the refrigerator. This speeds up melting. Let the ice melt. Do not scrape or punch with a knife or sharp tool. You could damage the freezing unit.

Put a pan under the freezing section to catch water. Some refrigerators have a drip pan. Empty the pan when it gets full.

While the ice and frost are melting, take everything out of the refrigerator. Take out all food, jars, and cans. Set these on a table or counter. Throw away spoiled food. Take out the shelves and drawers for cleaning, if you can.

CLEANING YOUR REFRIGERATOR

To clean the inside of the refrigerator, use detergent water or 2 tablespoons of baking soda mixed with 1 quart warm water. Soda water helps take away bad food odors.

Wash any parts you have taken out of the refrigerator with the baking soda and water or detergent and water. When the frost is melted in the freezing section, pour out the melted water from the tray under the freezer. Be sure all of the ice is off the freezing unit. Empty the pans of water used to speed up the melting. Wash the freezing section and the tray underneath.

Wash the inside of the refrigerator--the top, walls, and bottom and any shelves you couldn't get out. Be sure to wash into all the corners. Rub hard-to-clean spots with dry soda.

Squeeze a clean cloth or sponge out of warm rinse water. Use this to rinse out the inside of the refrigerator. Finish up by wiping the inside with a clean, dry cloth. Wash the inside of the refrigerator door and the rubber or plastic strip around the edge of the door. Rinse and dry. The rubber strip should be dried with a clean, dry cloth.

Replace shelves, drawers, and other parts of the refrigerator. Empty the ice cube trays and wash them with warm sudsy water. Rise them with clean warm water, then fill them with clean cold water. Put them back into the refrigerator. Wipe all the cans, jars, and bottles with a clean, dry towel. Wipe off fresh fruits and vegetables. Put food back into the refrigerator.

Turn the control dial to a medium temperature setting or "ON."

With warm, sudsy water, wash the outside of the refrigerator and then rinse with clean warm water. Dry with a clean cloth. You may also clean outside of refrigerator with a commercial appliance cleaner or a mixture (1:1) of ammonia and water. Try club soda. It cleans and polishes at the same time.

TIPS ON KEEPING YOUR REFRIGERATOR CLEAN

When food is spilled in the refrigerator, wipe it up right away so it won't stain the finish or cause odors. Keep all food covered. Don't collect leftovers.

Open the door as few times as you can. Close it quickly after each use. When warm air gets inside the refrigerator the motor must work harder. This costs you money for a higher electric bill. This also makes work because you will need to defrost the refrigerator more often.

Use a damp cloth to wipe dust off new cans and jars just brought home from the store before you put them in the refrigerator. This helps keep the refrigerator clean.

(The major portion of this information is reproduced from "Special Homemaker Series, No. 35" published by the North Carolina Agricultural Extension Service.)

HOW TO CLEAN WINDOWS AND MIRRORS

Clean windows:
let in more light
are easier to see through

TO CLEAN WINDOWS

Dust windows, window frames, and sills with a soft, clean cloth.

Wash the windows when they look dirty or streaked.

Use one of the following to make your windows sparkling clean:

1. Two tablespoons of household ammonia to 2 quarts of warm water--good for getting rid of heavy dirt and grime,

2. Two to four tablespoons of vinegar to 2 quarts of warm water,

3. Commercial sprays that clean glass without water. Follow the directions on the bottle or can, BUT, remember, these sprays are more expensive. You can do just as good a job with ammonia or vinegar and water.

Get a pail of warm water ready. Add vinegar or ammonia. Put some old newspapers on a chair or the floor near the window you are going to wash. Put the pail of water on the papers. Get window shades, blinds, and curtains out of the way.

Wipe the glass with a damp cloth first to get rid of the worst dirt, when the windows are very dirty.

Wet a sponge or soft cloth with the vinegar or ammonia-water.

Use the sponge or cloth to wash one pane of glass at a time.

Wash top window panes first so dirty water won't drip on newly washed parts. Wash each pane of glass, going back and forth or up and down. Be sure to get into the corners. Rub the glass with a clean dry cloth, crumpled newspapers, or paper towels to make it dry and shiny.

Wash windows frames and sills with a damp cloth and dry them.

SPECIAL HINTS

Clean mirrors and picture glass the same way you wash windows. Do not use too much cleaning mixture Strong solutions can hurt the back of mirrors.

Keep water from getting inside the frame of pictures and framed mirrors. Hold a piece of heavy paper or cardboard against the frame on the inside edge.

Be careful when you wash windows that are high off the ground. Never lean out of a window. Never stand outside on a window sill to wash the window. Stand on a stepladder to reach high windows. Use a step-stool or sturdy chair if you don't have a ladder. It's OK to stand on a chair, but never put a box or books on a chair to make it higher.

Glass tabletops will really sparkle if rubbed with a little lemon juice. Dry the top with paper towels and shine with a newspaper.

(The major portion of this information is reproduced from "Special Homemaker Series, No. 23" published by the North Carolina Agricultural Extension Service.)

HOW TO CLEAN THE KITCHEN STOVE AND OVEN

A clean stove and oven:
look better
last longer
prevent odors
do not attract insects

Let the stove or oven cool before you clean the outside. Use warm, sudsy water and a soft cloth. Rinse and dry to keep it like new. Clean off spills before they dry. If the stove or oven is warm, use a dry cloth or paper towel.

Remove any stubborn spots by rubbing with dry baking soda and a damp cloth. Do not use strong, gritty scouring powders or soap pads. These will damage the finish.

CLEAN THE CONTROL KNOBS AND METAL TRIM

Some control knobs can be pulled off. Wash them with warm, sudsy water. Rinse and dry. Put them back on. Some control knobs don't come off. Wash these knobs with a soft damp cloth. To clean between push-button type of switches, use a small stick wrapped with a piece of cotton or cloth. Wipe metal trim with a damp cloth. Dry with a soft cloth to make it shine.

ELECTRIC STOVES

If food is spilled on a heating unit that is cold, wipe it off with a damp cloth. The food will burn off if the burner is hot. Never put the heating element in water.

Some heating units tilt up and other pull out. Make sure the range is turned off and the unit is cool before you take it out. Tilt the units up and pull them out and take out the drip pans.

Wash the drip pans in warm, detergent water. Stubborn spots may be scoured with a mild cleansing powder. Rinse and dry the pan. After cleaning, put the pan back in place, and lower the heating unit.

Clean the surface below the drip pans. Clean the drip trays if your stove has them. If the drip trays are not cleaned often, grease and food collect. These cause odors and may be a fire hazard.

Wipe the rim around the heating element. Many rims can be taken off. Scour gently to remove stubborn spots. Rinse and dry. Replace the rim. If the rim cannot be taken off, wash it with a cloth wrung out in warm water with detergent in it. Scour to remove stubborn spots. Rinse and dry.

GAS STOVE

Take off the grates and burner bowls. Wash them in warm, sudsy water. If they are hard to get clean, use a mixture of 1 cup vinegar and 1 gallon hot water. Put the grates and burner bowls in this mixture. Let them soak for about 30 minutes. Wash them with a cloth or old brush. Rinse with clean, warm water and dry them.

CLEAN THE OVEN

Clean-up is easier if you can prevent food spills. Use cooking pans of the right size.
Turn the oven off and let it cool.
Wipe any crumbs and spilled food out of the oven with damp cloth. Wipe the oven door.
Following a spill, sprinkle with salt immediately. When the oven is cool, brush off burnt food, wipe with a damp sponge.

When needed, thoroughly clean burned food off oven walls. To do this:

Pour ½ cup household ammonia into a bowl.
Place the bowl in a cold oven.
Leave the oven door closed at least 4 hours or overnight.
Take the bowl out of the oven.
Take the racks out.
Add the ammonia in the bowl to 1 quart warm water. Dip a cloth in this. Wring lightly so it doesn't drip. Clean the inside walls of oven and oven door. If necessary, use a mild scouring powder to remove difficult spots. If scouring powder doesn't do the job, use steel wool.

Wash the inside of the oven a second time using a cloth dipped in warm, detergent water. Finally, rinse with a cloth dipped in clean water. Wipe dry.

Finish cleaning the oven racks. Use the fine steel wool or scouring powder on any spots that will not wipe off easily. Rinse and dry them and put them back into the oven. Oven racks are built to slide in and out easily. They are also built to lock in place when pulled out so hot foods can't spill. Be sure you put them in the oven the right way.

If you prefer to use a commercial oven cleaner, follow the directions on the product container.

CLEAN THE BROILER PAN AFTER EACH USE

Remove the broiler pan as soon as you are through broiling. Pour the grease out while it is still hot. Put the grill in the pan. Put a little soap or detergent on the grill. Pour hot water over the grill into the pan. Let the pan and grill soak about 30 minutes. Then wash, rinse, and dry.

(The major portion of this information is reproduced from "Special Homemaker Series, No. 36" published by the North Carolina Agricultural Extension Service.)

HOW TO CLEAN WALLS, CEILINGS AND WOODWORK

Clean walls and ceilings make rooms look lighter and brighter.

DUST FIRST

Brush down all the cobwebs and dust. There are three ways you can do this.

1. Use a clean dust mop. Shake the mop often to get rid of loose dust and dirt.

2. Wrap a soft cloth around a broom and tie it on.

3. Dust with the brush attachment on your vacuum cleaner.

Dust the ceiling first, beginning in one corner. Then dust the walls from top to bottom.

MAKE SURE THE WALL CAN BE WASHED

Test the wallpaper, paint, or other wall finish to be sure it's washable. Choose a spot on the wall that won't show, behind a piece of furniture.

Wash the spot with clean, sudsy cloth or sponge. If the finish doesn't come off or change color, go ahead and wash the walls.

If the spot fades, runs, or peels, you will need to decide whether to paint or wallpaper, or leave the walls as they are. If they are really gray and dirty, it is often a much greater improvement to paint over the surface with a roller and waterbase paint. The surface still has to be cleaned before painting.

GET READY TO WASH

Fill two pails with warm water. Add soap or detergent to one. Make suds that "stand up." Set pails on newspapers to keep floors from getting water spotted. The second pail holds rinse water. (The best wall cleaner is a combination of ½ cup ammonia, ¼ cup white vinegar, ¼ cup washing soda, and 1 gallon of warm water.)

WASH THE CEILING FIRST

Cover the furniture and floor. An old plastic tablecloth or newspapers will do.

Wash the ceiling with a scrub brush, sponge, or sponge mop with a handle.

Use a sturdy stepladder or step-stool to stand on. Begin in one corner. Reach as far as you can safely. When one part of the ceiling is clean, rinse with a sponge wrung out with clean rinse water.

Overlap the clean part of the ceiling when you begin to wash the next part. This prevents marks or rings.

WASH PAINTED OR WALLPAPERED WALLS

Start at the bottom and work up to the ceiling. Water running down over dirty walls leaves streaks. Wash the walls with a sponge or cloth. Use thick suds and wash as far as you can reach. When the part of the wall you are washing looks clean, rinse it with a sponge or cloth wrung out with clean rinse water. Wipe it with a dry cloth for faster drying.

Use a stepladder or step-stool to reach high places.

When the water gets dirty, throw it out. Start again with clean sudsy water. If wallpaper is very dirty, you may need to wash it twice, rather than rub too hard to get off the dirt.

WASH THE WOODWORK

Start with the baseboard:
Use thick detergent suds on a sponge or cloth.
Rinse with a clean sponge or cloth wrung out with warm, clean rinse water.
Wipe dry.

Clean the rest of the woodwork, doors, and window frames the same way you washed the baseboards. Be sure to wash from bottom to top.

To clean very dirty painted woodwork, add about ¼ cup household ammonia to 1 gallon of sudsy wash water. This helps cut the grease and grime as you clean. Wear rubber gloves when using ammonia. It is strong and can hurt your skin.

(The major portion of this information is reproduced from "Special Homemaker Series, No. 24" published by the North Carolina Agricultural Extension Service.)

HOW TO CLEAN THE BATHROOM

A clean bathroom:

doesn't have a bad odor
doesn't attract bugs
helps keep sickness from spreading

TO KEEP YOUR BATHROOM CLEAN AND NEAT

Let everyone in the family help. After using, have each person:
Turn off the faucets.
Rinse out the sink.
Hang the towels and washcloths on rods or hooks.
Wash out the tub.
Wipe up water from the floor.
Flush the toilet.

Don't use the toilet as a wastebasket. Never let hair go down drains.

TO CLEAN THE TOILET

Flush the toilet.

Lift up the toilet seat and put detergent or toilet bowl cleaner into the bowl. Let this stand while you clean the rest of the bathroom.

Run hot water in a pan or pail. Add detergent and stir up suds. Dip a sponge or rag into the hot soapy water. Use this to wash top and sides of the toilet tank. Wash off the toilet seat, cover and both bottom and top sides of the seat. Wash the rim, the outside, and lower part of the bowl. Use clean, hot water to rinse.

Scrub inside of the toilet bowl with a long handled brush. Be sure to scrub hard under the rim at the top of the bowl. If you are using a toilet bowl cleaner, don't get your hands in it.

Flush the toilet again to carry away dirt.

Keep toilet brush in a jar or container.

NEVER USE THE TOILET RAG, SPONGE, OR BRUSH FOR OTHER CLEANING JOBS.

CAUTION: NEVER use bleach and a toilet cleaner at the same time. The two together make very poisonous fumes.

TO CLEAN THE SINK, TUB, FAUCETS, AND SHOWER

Lift out the metal drain closer in the sink, if there is one. Clean off the hair and scum. Then wash and put it back in place.

Run about 2 inches of hot water into the sink. (You may need a pan or pail of water to clean the shower.) Add detergent and make suds. Use a sponge

or cloth to scrub the sides, edges, and bottom of the sink, tub, and shower stall. Wash the soap dishes, faucets, handles, drain outlets, and shower spout.

Sprinkle some scouring cleanser on a sponge or cloth and use it to clean off dirty marks, scum, or oily dirt. Do not use scouring cleansers if detergent in water will do the job.

Remove stains with a household bleach mixed with water. Do not use the bleach alone--strong bleaches will damage the porcelain enamel. Measure according to directions on container.

Use a sponge or cloth to clean any pipes or legs under the sink or bathtub to finish the job.

Use a special drain cleaner if drains are slow--pipes gradually stop up from soap scum and hair. Do exactly what the label says.

Rinse everything with hot water. Wipe everything dry.

Set out clean towels and mats at least weekly. Add new bars of soap when needed.

TO CLEAN CLOGGED SHOWER HEADS

Try boiling metal shower heads in ½ cup vinegar and 1 quart of water for 15 minutes. For plastic shower heads, soak in equal amounts of hot water and vinegar.

TO REMOVE MILDEW FROM SHOWER CURTAINS

To prevent mildew, soak in a solution of salt water before hanging curtains. Use baking soda to remove mildew from small areas. For stubborn mildew stains, use above method followed by a rubdown with lemon juice.

(The major portion of this information is reproduced from "Special Homemaker Series, No. 30" published by the North Carolina Agricultural Extension Service.")

HOW TO CLEAN FURNITURE, FLOORS AND RUGS

Clean furniture and floors:
- cut down on dust
- prevent the spread of disease
- decrease odors
- prevent accidents.

FURNITURE

All wood and plastic (unupholstered) furniture surfaces should be dusted. Plastic furniture should be wiped with a damp cloth. Upholstered furniture should be vacuumed using the correct attachments. Apply furniture polish to wood surfaces for improved appearance and protection.

If upholstery is dirty or stained, cleaning with an upholstery cleaner may be needed. Commercial cleaners are available. However, ordinary shaving cream is one of the most useful upholstery cleaners for new stains and ordinary dirt.

Minor furniture scratches may be removed by applying a generous portion of petroleum jelly (Vaseline). Leave the jelly on for 24 hours. Rub into wood, removing excess, and polishing as usual. For larger scratches, a commercial scratch remover may be best. Sometimes the right color shoe polish or crayon will help. White water rings and spots may be removed by using a water-dampened soft cloth and toothpaste.

FLOORS

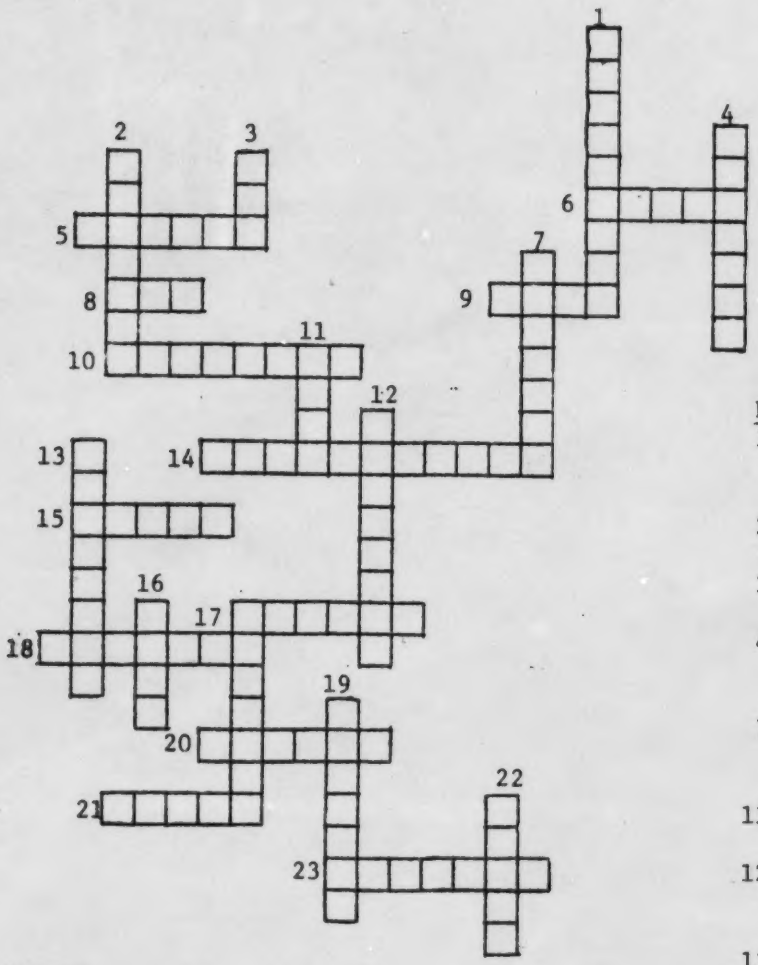
Floors should be swept or vacuumed frequently. The exact frequency depends on floor usage. For example, kitchen floors should be swept or vacuumed after each meal.

Washable floor surfaces (vinyl, tile, etc.) should be washed once a week or every two weeks. After sweeping, wash with a mop and detergent solution. Change water if it gets too dirty. Rinse if needed, according to type of cleaning product used. Use a scrub brush or scouring pad to get into corners or to remove heavy dirt. Do not allow excess water to remain on the floor. Keep people off of wet floors to prevent slips and accidents.

RUGS

Scatter rugs should be shaken out when floors are swept, vacuumed or washed. Vacuum carpets weekly or every two weeks if a vacuum cleaner or carpet sweeper is available. Fresh carpet stains may be removed with club soda. Older stains may be removed by a sudsy solution of laundry powder and warm water. Brush the suds into stain with a soft brush. Blot up excess. Repeat if necessary. To brighten carpets, sprinkle a generous amount of salt on the carpet. Let it stand for an hour and vacuum. The results will amaze you!

WISE BUYING CROSSWORD PUZZLE



ACROSS

5. Don't grocery shop when you feel like this.
6. Always check the expiration ____ on foods.
8. Run as many errands as you can on ___ trip.
9. Flour costs ___ in the larger pound sizes.
10. Check for these in the newspaper before shopping.
14. Compare costs of similar items by this method.
15. These types of fruits and vegetables are only a bargain when they're in season.
17. Bulk cheese is cheaper than this kind.
18. Always get one of these when making purchases or paying bills for yourself or your client.
20. Buy these types of vegetables for soups and stews.
21. This type of chicken is usually cheaper per pound than the cut up kind.
23. Before buying, always check egg cartons at the store for ____ eggs.

DOWN

1. Used to stretch meat servings (rice, noodles, etc.).
2. Maintain a file of these and use to cut costs.
3. A type of milk that is cheaper than fluid milk.
4. This type of rice is more expensive than the regular kind.
7. Buy meat by the cost per ____, not the cost per pound.
11. Always use one of these when grocery shopping.
12. These types of foods are usually more expensive than those you make yourself.
13. Reading consumer information will make you an ____ shopper.
16. Sale items are not a bargain unless you ____ them.
17. When buying large quantities of food be sure you have enough ____ space at home.
19. Pay bills on time to avoid a ____ charge.
22. Before making a major purchase, it's a good idea to ____ on it.

HOME SAFETY CHECK-LIST

Can your home (or your client's home) pass this safety test?
Answer all questions by circling "yes" or "no" as appropriate.

Kitchen

Yes No 1. Are sink and stove areas well lit?
Yes No 2. Is there a fire extinguisher or acceptable substitute (baking soda) near the stove?
Yes No 3. Are spills wiped up immediately?
Yes No 4. Is there a stepstool available for reaching out-of-the-way places?
Yes No 5. Are all pot handles turned away from the stove front but not over another burner?
Yes No 6. Are knives kept in a separate knife holder?
Yes No 7. Are the stove and vent hood (if present) free from grease and baked on food?
Yes No 8. Are drawers and cabinet doors kept shut?
Yes No 9. Is the floor area free of loose skid rugs?
Yes No 10. Are there at least two pot holders located near the stove?

Bathroom

Yes No 11. Are there non-skid mats in the tub or shower?
Yes No 12. Are there grab bars, rails, and/or stools for disabled residents by toilet and tub?
Yes No 13. Is there a nightlight in the bathroom?
Yes No 14. Are electrical appliances (hair dryers/razors) used away from the tub and with dry hands?
Yes No 15. Is water heater temperature set at 120°F to prevent burns?

Living Room/Dining Room/Bedroom

Yes No 16. Are smoke detectors located correctly throughout the house?
Yes No 17. Is there an overall home fire escape plan?
Yes No 18. Are there enough wall outlets which minimize the use of octopus plugs and long extension cords?
Yes No 19. Is furniture arranged so as to allow enough traffic passage-ways? (If there are elderly or disabled residents, are the pathways wide enough for wheelchairs and/or walkers?)
Yes No 20. Are all scatter rugs used only with non-skid backing, fastened down, or completely removed?
Yes No 21. Is there a light located within reach of the bedside?

Yes No 22. Are phones/extensions available to elderly or disabled clients?

Outdoors

Yes No 23. Are walkways and stairways free from trash, leaves and other debris?
Yes No 24. Are railings present and secure on stairways?
Yes No 25. Are trash and waste kept in closed containers and emptied frequently?
Yes No 26. Are grass and shrubbery kept trimmed around the house and walkway area?
Yes No 27. Are stairs and walkways able to be lighted for night entrance and exit?

WISE TIME MANAGEMENT
(for Chore Providers)

1. Arrange work areas so that needed supplies are close at hand (pots hung near stove, etc.).

2. Arrange tasks each day in order of importance.

3. Do as many tasks as possible sitting down, such as sorting laundry, paring vegetables.

4. Cook "double recipes" and freeze portions for quick future meals.

5. Use spare moments wisely. For example, fold the laundry while the potatoes are boiling.

6. Do unpleasant tasks early in the day when your energy level is highest.

7. Set up a work schedule taking into consideration which tasks are to be done daily, weekly, monthly, etc.

8. Break up long, heavy jobs with smaller, lighter ones.

9. Don't spend too much time on errands. Plan routes before going out. Accomplish several stops on one trip. Always run errands with a list.

10. Learn about new ideas to save time: take courses, read articles, try new products.

11. Encourage your clients to do as many things as possible for themselves.

12. Keep a running shopping list in a convenient spot in the kitchen. Add items to it as they get low. When you're ready to go shopping, your list is half-made.

13. Use the proper tool for a job when possible. For example, it's easier to peel apples with a vegetable peeler than with a knife.

14. Get enough rest at night. You're more efficient when you're not tired.

15. Give the job at hand your full attention; thinking about your problems and making personal phone calls while at work is unprofessional and wastes time.

MONTHLY PLANNER

Month _____

Mon. ___	Tues. ___	Wed. ___	Th. ___	Fri. ___
Mon. ___	Tues. ___	Wed. ___	Th. ___	Fri. ___
Mon. ___	Tues. ___	Wed. ___	Th. ___	Fri. ___
Mon. ___	Tues. ___	Wed. ___	Th. ___	Fri. ___
Mon. ___	Tues. ___	Wed. ___	Th. ___	Fri. ___

(121)

HOME MANAGEMENT CASE EXAMPLES

1. Mrs. Jones works for Mrs. Smith as a chore provider. Mrs. Smith frequently asks Mrs. Jones to do extra things that are not in her contract, such as washing windows and painting her bathroom. Today, Mrs. Smith's daughter is visiting. Mrs. Smith asks Mrs. Jones to fix dinner for both of them.

2. Mrs. French is a chore provider for Mr. Prince. Mrs. French is supposed to do cooking and housework for Mr. Prince. Mr. Prince's house is a mess, but Mr. Prince refuses to let Mrs. French do any housecleaning except for straightening up his bedroom. Mr. Prince insists that Mrs. French use her work time to take him on errands outside the home.

3. Miss Clark has broken her hip, and she is confined to a wheelchair. Her chore provider, Mrs. Earl, is assigned to assist her with personal care, meal preparation, and housework. Miss Clark wants to do things for herself and seems to be "getting in the way." Mrs. Earl wonders if she should be letting Miss Clark do more for herself, but how?

4. Mr. and Mrs. Charles live in a modern suburban home. They have a dishwasher. Ms. Roberts, their chore provider, has never used a dishwasher and doesn't know how it works. She always does dishes by hand while at work. Today, Ms. Roberts has planned to clean the bathroom. When she arrives at work, Mrs. Charles asks her to go to the drugstore to pick up an emergency prescription for her husband. The drugstore is a good distance away. If she runs this errand, Ms. Roberts won't be able to clean the bathroom.

PERSONAL CARE

RETURN DEMONSTRATION CHECKLIST

Student _____

TASK	DATE COMPLETED	INSTRUCTOR'S INITIALS
1. Disposing of Wastes		
a. Solids	_____	_____
b. Liquids	_____	_____
c. Newspaper bag	_____	_____
2. Handwashing	_____	_____
3. Using Protective Clothing	_____	_____
4. Taking Temperature	_____	_____
5. Taking Pulse & Respiration	_____	_____
6. Taking Blood Pressure	_____	_____
7. Administering a Bed Pan		
a. Client assisted	_____	_____
b. Helpless Client	_____	_____
8. Assisting with Mobility		
a. Sitting	_____	_____
b. Transfers	_____	_____
c. Walking	_____	_____
d. Use of mobility aids	_____	_____
9. Giving a Bed Bath	_____	_____
10. Making a Bed		
a. Unoccupied bed	_____	_____
b. Occupied bed	_____	_____
11. Choking First Aid		
a. Conscious victim	_____	_____
b. Unconscious victim	_____	_____

BEGINNING PERSONAL CARE

CORRECT HANDWASHING

How

1. Remove jewelry (watch, rings, braclets)
2. Roll up sleeves
3. Wet hands
4. Soap hands
5. Rinse hands
6. Repeat steps 4 and 5
7. Dry hands (clean towel or paper towel)

When

1. Before handling or preparing food
2. Before and after doing client personal care
3. After handling soiled articles (clothing, garbage, sickroom wastes)
4. After using the toilet

PROTECTIVE CLOTHING

Putting it on

1. Hold top of apron
2. Put arms through openings. Avoid touching outside of apron.
3. Tie apron

Taking it off

1. Wash hands
2. Untie apron
3. Slip arms out. Avoid touching outside of apron.
4. Hang apron with soiled side out.

MONITORING VITAL SIGNS

TAKING ORAL TEMPERATURE

1. Assemble equipment - thermometer, alcohol, cotton balls, soap, water.
2. Wash hands.
3. Have client lying or sitting down.
4. Check to see that client has not eaten, drunk, exercised, smoked or taken an enema within past 10 minutes.
5. Clean the thermometer; wash/rinse twice, wiping down from top to bulb end.
6. Shake down the thermometer to at least 96°F. or 35.6°C. (Stand away from chairs, tables, etc.)
7. Wet bulb with cool water.
8. Place bulb end under client's tongue.
9. Leave thermometer in place for at least 5 minutes.
10. Remove thermometer; read and record temperature.
11. Clean thermometer (Step 5). Soak in alcohol for 10 minutes.
12. Store thermometer in its case.

Normal temperature range for adults is 97.6°F - 99.6°F or 36.4°C - 37.6°C.

TAKING PULSE AND RESPIRATION

Note: Pulse and respiration are usually checked together while the temperature is taken.

Pulse

1. Client should have been at rest for 10 minutes.
2. Have a clock or watch visible with a second hand sweep
3. Have client's forearm in a relaxed position on chest (if lying down), table or chair arm.
4. Locate pulse inside wrist, using fingertips. Do not use your thumb.
5. Press gently and count pulse for 30 seconds.
6. Double the count to get the pulse beats per minute.
7. Record this number as the pulse rate.

Respiration

1. While fingers are still on client's wrist, count the number of breaths he/she takes in 30 seconds.
2. Double the count to get the number of breaths per minute.
3. Record this number as the respiration rate.

Normal pulse rate for adults is 70-90 beats per minute.
Normal respiration rate for adults is 14-20 breaths per minute.

ASSISTING WITH MOBILITY

General Suggestions

1. Ask doctor, nurse, physical therapist for special instructions.
2. Assemble needed equipment.
3. Stay with your client. Be prepared to assist if needed.
4. Watch for signs of dizziness.
5. Provide activities for the client to do while sitting or walking.

Mobility Sequence

1. Sitting up in bed
2. Sitting on side of bed - provide a footstool if feet don't touch floor.
3. Transferring from bed to chair - check chair for height, proper support.
4. Transferring from bed to wheelchair - place chair at angle with bed; remove nearest (to bed) armrest; set brakes; fold up footrests. After transfer, replace armrest and fold down footrests.
5. Walking - check client's shoes for proper support; practice standing before walking; check posture (straight back, head held up). Remove hazards such as scatter rugs; check for obstacles in pathways.

Walking Aids

1. Encourage your client to use the type of walking aid suggested by his/her own doctor, nurse, or physical therapist.
2. Check aids for proper fit, length, etc.
3. Encourage proper weight bearing.
4. Enourage client to look straight ahead when using a walking aid.

ASSISTING WITH BATHING AND GROOMING

General Suggestions

1. Before beginning:

    a. check room temperature
    b. assemble all needed equipment, including clean clothing.
    c. tell client what you plan to do.

2. Allow the client to do as much of his/her own care as possible.
3. Use good body mechanics when moving or lifting the client.
4. Protect client privacy.
5. Observe and report any unusual problems (cracked or reddened skin, mouth sores, etc.)
6. Wash hands before and after procedures.

Tub Baths/Showers

1. See that tub or shower stall is as safe as possible. Good safety equipment to have includes non-skid tub mat, grab bars, and low stool.
2. If the client is weak or elderly do not leave him/her alone in tub or shower. Even if client's condition permits you to leave him/her alone, establish a way you may be called.

Bed Baths

1. Only a very ill or helpless client should be completely bathed by the chore provider. Most clients are able to and must be encouraged to assist with their bed baths.
2. Use a bath blanket to keep client warm and to protect privacy.
3. Rinse skin well to remove all soap.
4. Change bath basin water frequently, at least after each body part area in 5, below.
5. Wash body parts in the following order.

    a. face and ears
    b. arms and hands
    c. neck, chest, stomach
    d. legs and feet
    e. neck, back, buttocks
    f. external genitalia (sex organs)

6. Backrubs may be given at the end of a bed bath or as a separate, special procedure. Generally lotion (not alcohol) is used for a backrub. Apply lotion to your hands, not directly to the client's skin.
7. Apply lotion to dry areas of client's body (feet, elbows, hands) at end of bath.

Mouth Care

1. When client is able to spit:

   a. First, brush teeth. Assist client only if necessary.
   b. Have client rinse mouth, spitting into a basin.
   c. Apply petroleum jelly (vaseline) to lips if they are chapped or dry.

2. When client is unable to spit:

   a. Use a moist toothbrush to brush teeth, if possible.
   b. If brushing is not possible, use cotton swabs moistened with a solution of equal parts of hydrogen peroxide and water to clean the client's teeth.
   c. Clean the client's mouth, gums, and tongue using cotton swabs dipped in mouthwash or the peroxide solution. Rinse with cotton swabs moistened in water.
   d. Treat chapped or dried lips as above.

3. Allow the client with dentures (false teeth) to keep them in mouth as much as possible. Dentures should be cleaned once a day, using a toothbrush and cleaner. If dentures are to be stored, place them in a container with water.

Hair Care

1. Hair should be brushed and combed daily.
2. Hair should be washed when oily or dirty, on the average at least once a week.
3. For the bedridden client, a dry shampoo may be used.
4. When washing a client's hair, always put cotton in the client's ears before beginning.

Shaving

Many male clients want to shave each day. If you must assist in this process, it is easier to use on electric razor, if available. In shaving someone's face, be especially careful of sensitive areas around neck and mouth.

Dressing

If a client can remain out of bed for any portion of the day, he/she should be encouraged to dress. Ask the client to pick clothing items to be worn. Provide assistance with dressing as needed. Even if a client is slow in getting dressed, it is better to encourage him/her to do as much as possible alone.

FEEDING TECHNIQUES

Client feeding is usually only a necessary task for the chore provider when the client is very weak or unable to use his/her hands. The person who must be fed often feels a strong loss of independence or control. He/she may feel like a burden to his/her caregivers. The feeding techniques suggested below are designed to overcome this problem and to provide for client safety.

1. Always wash your hands before and after feeding a client.
2. Be sure the client can swallow before beginning the feeding process.
3. Tell the client what you plan to do. Try to feed the client while sitting. Use this time to relax and talk with a client.
4. If the client has visual problems, describe food items and their arrangement on the plate to him/her.
5. Raise the client's head and shoulders if this is allowed by the doctor.
6. Allow the client to feed him/herself as much as possible. For example, a client may be unable to feed him/herself solid food. However, the same client may be able to drink liquids independently from a cup or through a straw.
7. Test temperature of all hot foods before giving to the client.
8. Give small amounts of food to prevent choking. Half a spoonful is enough.
9. Allow plenty of time between mouthfuls for chewing, etc.
10. Alternate feeding of solids and liquids.

PREVENTING MEDICATION PROBLEMS*

1. Preparing for the Doctor's Visit

   a. Bring all the medicines you are taking or bring a written list of them. Include on your list nonprescription drugs you take such as aspirin or laxatives.

   b. Bring a list of your allergies or medicines you have had a bad reaction to.

2. Getting Information about Prescribed Drugs

   When your doctor prescribes a medication for you, ask him/her the following questions:

   a. What is the name of the drug?
   b. Why am I taking it? What's it for?
   c. How often should I take it?
   d. How long must I take it?
   e. Will there be side effects? What are they?
   f. Are there any side effects I should report immediately?
   g. Is there anything special I should know about taking this drug? Should I take it with meals? Should I restrict my driving?

3. Getting Information about Over-the-Counter Drugs

   Ask your pharmacist the questions in #2 above. Also tell him/her the same information as you would give your doctor in #1 above.

4. Organize a System for Taking Medicines

   The system should be designed to keep track of the different types of medicines taken and to serve as a reminder of whether or not a drug has been taken. A health nurse is a good resource to use in organizing such a system.

*This material is excerpted from the booklet Using Your Medicines Wisely: A Guide for the Elderly, DHEW Publication No. (ADM) 80-705 and is available from the U.S. Government Printing Office.

RECOGNIZING ILLNESS

What Are Symptoms and What Are Signs?

Most often the changes that draw your attention are nothing more than changes in how the client feels inside. There is no visible evidence of anything wrong. These internal changes are called symptoms. Symptoms cannot be seen (such as pain or nausea), but you recognize that something is wrong. Signs, on the other hand, are abnormalities that can be seen or demonstrated (such as bleeding, swelling, strange skin coloring).

How to Interpret General Symptoms

The headache occurs with wide variety of illnesses and is a symptom or warning that something else is out of order. If a headache doesn't go away or increases in intensity, it should not be neglected. It is time to call the doctor.

Fever is a warning symptom that infection or inflammation is present somewhere in the body. If the client develops a high fever or a fever that rises and falls in a pattern that continues for more than a day or two, call the doctor.

Nausea, which may result from some irritation of the gastro-intestinal tract, is another general symptom. If nausea is severe and comes with vomiting, call the doctor.

Pain is the most common symptom. Often the type and location of pain will help the doctor to identify the cause. Chest pain, persistent or severe pain in abdomen should never be ignored.

Specific Symptoms

Coughing is caused by irritation or disorder of the respiratory tract. Never ignore a persistent cough.

Frequent urination and painful urination should not be ignored.

Diarrhea, joint pain or swelling are symptoms that should not be ignored.

Do not be afraid to contact a doctor when symptoms exist. In most cases, the doctor's findings will be reassuring. If something is out of order, postponing medical attention can only allow it to get worse.

When Do Symptoms Suggest Serious Disorders?

Most often signs and symptoms of serious disorders occur suddenly. These sudden, obvious changes that are very abnormal should get immediate medical advice.

Sudden unconsciousness and convulsions, jaundice (yellowness of the skin) visual disturbance, bleeding, should be reported as soon as possible.

In addition you should be alert to the danger signals associated with cancer. They are:

1. any lump or thickening in the breast, or elsewhere
2. any sore that does not heal
3. any persistent change in bowel or bladder habits.
4. persistent hoarseness or coughing
5. persistent indigestion or difficulty in swallowing
6. any change in a wart or mole
7. any sudden weight loss

Obtaining More Information About Symptoms

It may be helpful to ask your client some or all of the following questions:

1. When did the symptom begin?
2. If you have pain, where is it located? When did the pain start? Does the pain come and go?
3. Have you had this symptom before?
4. Does anything make the symptoms worse (food, standing, noise, bright lights, walking, elimination, etc.)?
5. Are you sick to your stomach?
6. Do you have problems with your eyesight, or hearing?
7. Do you feel dizzy or lightheaded?
8. Does your skin hurt when touched?
9. Is your throat sore?
10. Are you having trouble sleeping?

Calling the Doctor

The decision to call the doctor must be based on an evaluation of the client's symptoms and signs. The actual decision to call a doctor must be based on the client's decision, unless the client is unconscious or otherwise unable to make such a decision. It is always better to call the doctor about a sign or symptom if there is any question about its seriousness.

As a chore provider, if you feel a client is ignoring serious symptoms or signs of illness (refusing to call a doctor), contact the client's social worker and tell him/her about the problem.

FIRST AID
FOR
SOME COMMON HEALTH EMERGENCIES

1. Hypothermia: A person with hypothermia has a below normal body temperature (95°F or lower). Elderly people are often victims of hypothermia, even when exposed to relatively mild cold temperatures (60-65°F). Elderly people who cannot afford good heating are commonly affected. Symptoms of hypothermia include shivering (sometimes severe); skin pale, pink or puffy and cool; drowsiness; low blood pressure; and slow, irregular breathing. Treatment of hypothermia, involves slow warming of the victim's body until normal temperature is regained. This rewarming process is best carried out in a supervised medical setting. Prevention is the best "cure" for hypothermia for the elderly. It is estimated that 80% of elderly hypothermia victims die. The death rate for the rest of the population is only 10%. Prevention steps for hypothermia include adequate heating, extra clothing, eating heat producing foods (fats, carbohydrates).

2. Burns: Burns in the home are often caused by scalding from hot liquids or steam. First degree burns are the least serious. They are recognized by redness and mild swelling. Treatment of first degree burns consists of immediate immersion in cold water or application of cold dressings. Second degree burns often develop blisters. Treatment includes the above cold water treatment for 1-2 hours, followed by a clean, sterile dressing. Third degree burns show deep tissue damage. These burns are usually caused by flames or contact with electricity. Treatment includes covering the burned area with a sterile dressing and seeking immediate medical attention.

3. Choking: The adult choking victim usually has food stuck in his/her air passage. He/she is unable to speak, cough, or breathe. Often, the victim grabs his throat with his hands. For the conscious choking victim, alternating back thrusts (4) between the victim's shoulder blades and abdominal thrusts (4) below the rib cage and above the navel are given. Repeat procedure until object is dislodged or victim becomes unconscious. For the unconscious victim the same steps are followed plus some additional steps: 1. attempted ventilation, 2. back blows, 3. abdominal thrusts, 4. finger sweeps. These steps are repeated until the object is dislodged.

4. Heart Attack: A heart attack is caused by a lack of adequate blood supply to the heart. Symptoms of heart attack include chest pain, shortness of breath, sweating, and nausea. Immediate medical attention is needed. If someone at the scene knows cardiopulmonary resuscitation procedures (CPR), these steps should be begun immediately.

5. Seizures: Seizures are sometimes called convulsions, fits or epilepsy. While a seizure is in progress, the victim is unconscious. Symptoms of seizure include muscle spasms and contractions and

drooling and foaming at the mouth. First aid treatment involves preventing the person from self-injury. If back-to-back seizures occur, medical attention should be sought.

6. Fainting: Fainting is caused by a reduction in blood supply to the brain. Symptoms of fainting include dizziness, cold/clammy skin, paleness, and nausea. Treatment includes keeping the client lying down. Liquids may be given once the victim has revived. Recovery from simple fainting should be fairly quick. If it is not, a medical evaluation should be sought.

7. Heat Exhaustion: Heat exhaustion is common among the elderly, chronically ill, alcoholics, and overweight persons during the summer months. Symptoms of heat exhaustion include heavy sweating nausea, dizziness, pale/clammy skin. Treatment includes moving the victim to a cooler room, loosening clothing, application of cool cloths, elevation of feet, sipping of salt water. Heat exhaustion should not be confused with heat stroke. Heat stroke is characterized by a high body temperature and absence of sweating. Immediate medical attention should be sought for victims of heat stroke.

8. Broken Bones: Broken bones or cracks in bones are called fractures. Fractures must always be suspected when an elderly person has fallen. Broken arms, legs, and hips are common after effects of falls among the elderly. Symptoms of fractures include pain and difficulty in moving the hurt area. Swelling, discoloration, and deformity may also be present. In general, treatment of fractures involves immobilization (preventing movement) of the hurt part and seeking immediate medical attention.

"WHEN I AM OLD"

For a few minutes, I want each of you to relax and close your eyes. As you close your eyes, imagine that you are traveling into the future of your life. Imagine that your journey takes you into the years of your old age when you have become an elderly person.

As you imagine yourself as an elderly person, what do you see?

How old would you be? (pause)

Consider your appearance. What would you look like? (pause) Imagine how your hair would look. What color would it be? What style would it be? (pause) What do you notice about your appearance? What about your weight (pause), your skin (pause), your posture (pause), your dress? (pause)

Where will you be living when you are old? (pause) Will you live alone or with family? (pause) Will you live in a senior citizens center? (pause) How will you spend your days in your old age? (pause)

Think about your health in your old age. What will it be like? (pause) Will you be healthy? If you have health problems, what will they be? (pause) One part of health is mental health or the condition of one's mind. What will your mind be like in your old age? (pause) Will you be able to learn new things? (pause) Will you have a good memory? (pause)

By now, you should be well into your trip into your older years. As with all periods of your life, there will be both good points and bad points. Stop and think about what you've "seen" of your old age. (pause) What will be the worst thing about being an elderly person? (pause) What will be the best thing about being an elderly person? (pause)

MYTHS AND STEREOTYPES ABOUT AGING

Directions: Read each of the statements below. If you think the statement is true, write a "T" on the line to the left of the statement. If you think the statement is false, write an "F" on the line to the left of the statement.

__ 1. Half of the elderly population live in institutions such as nursing homes and rest homes.

__ 2. Most older people are forgotten by their families.

__ 3. The elderly are unable to learn new things.

__ 4. Most older people no longer enjoy the companionship of the opposite sex.

__ 5. The number of elderly people in our population is decreasing.

__ 6. Old age begins at age 65.

__ 7. Most elderly women are married.

__ 8. When they get old, all people tend to become senile.

__ 9. Elderly people who live in their own homes have fewer financial worries than elderly people living in nursing homes.

__ 10. Most elderly people tend to spend a lot of time thinking about their own death.

FACTS ABOUT AGING

1. Only five percent (5 out of 100) of the elderly live in institutions such as nursing homes and rest homes. The rest live in their own homes or with their families.

2. Most elderly people have family whom they can call on for help and support. A recent study shows that most older people (80%) have at least weekly contact with one or more of their children.

3. Older adults can learn new things. Sometimes the way an older adult learns is different than the way a younger adult learns.

4. Most older adults want and need the companionship of the opposite sex. The need for being close, touching, etc. exists at all ages.

5. The number of older adults in our population is growing. Today we have over 21 million people in this country over the age of 65. In 1900 there were only 3 million people in this country over age 65.

6. There is no set age at which a person is "old". Physical and mental health determine a person's age more than his chronological age (years from birth). Many retirement and other benefit programs for adults used to begin when the adult reached 65. Today there are differences in age requirements for programs serving the elderly.

7. Most elderly women are widows. Women have a longer life expectancy than men. According to the 1970 census, there were 145 elderly women for every 100 elderly men.

8. There is little evidence that old age itself leads to such problems as senility. Most problems affecting the minds of the elderly come from causes like poor nutrition, drug effects, such as overmedication, and infections. When these causes are treated, the older person's mind generally improves.

9. Government programs such as Medicare and Medicaid pay the major cost of nursing home or institutional care. Elderly people living in the community must pay all their expenses (housing, food, transportation and medical care) from their limited incomes.

10. It is often felt that older people are very worried about dying. In fact, the research does not show this to be true. Most people think more about their feelings about death during their middle years.

OLDER ADULTHOOD

MAJOR CHANGES

1.	Loss	Many losses often occur close together. Examples of of these losses include loss of health, death of husband, wife, and friends, retirement, etc.
2.	Individuality	As we grow older, each of us becomes more special or different from other people. We each spend a lifetime becoming who we are. No one of us has all the same life experiences. The older we are, the more we differ from each other in our life experiences.
3.	Slowing Down	We begin to slow down in many ways as we get older. For example, retirement often means a slowing down in daily activities. As a person ages, his/her body's reaction time slows down. As a result the body becomes more open to injury from accidents and/or disease.
4.	Survival Ability	Older adults have survived many threats to their health, finances, family life, etc. 95% of all older adults live in the community.

COMMON PHYSICAL DISEASES OF THE ELDERLY

80% of the population will have one or more chronic diseases by age 65.

30% of this population will have problems with their eyesight or hearing.

30-40% of the elderly population will have some degree of arturitis.

25-30% of this population will have some disease involving the heart and/or blood vessels.

50% of the elderly population have none of their natural teeth remaining.

15% of this population will have diabetes mellitus.

1. Cardiovascular Diseases: Diseases in this group are caused by problems with the heart and blood vessels. Stroke, heart attack, and high blood pressure are examples of common diseases in this group which affect the elderly. Diseases in this group are often affected by unusual stresses or excitement. Symptoms vary depending on the specific nature of the disease. High blood pressure (hypertension) often shows no symptoms, but may be accompanied by dizziness, tiredness, headache, problems with sleeping. Stroke symptoms include a sudden paralysis (loss of feeling) on one side of the body. Heart attacks are accompanied by sudden, severe pain in the chest. The pain may also radiate (travel) down the left arm. Paleness, excessive sweating, and shortness of breath also are symptoms of heart attacks. Treatments vary depending on the exact disease and include such methods as drugs, surgery, diet, and exercise.

2. Diseases of the Bones/Joints: Arthritis and osteoporosis are the most common diseases affecting the elderly in this group. Arthritis affects the weight-bearing joints such as knees, hips, and spine. Osteoporosis involves a loss in calcium in the bones which causes them to break or crack more easily. Symptoms of arthritis include pain and stiffness in the joints upon movement. "Stress fractures" or easily broken bones in the hip or neck are common symptoms of osteoporosis. Common treatments vary from medications (to reduce joint swelling) to surgery, exercise, and diet.

3. Eyesight and Hearing Diseases: Deafness, farsightedness, glaucoma, cataracts are common problems for the elderly. Eyesight problems are often accompanied by headaches, blurred vision, double vision, halos or rings around lights, dizziness, itching and burning eyes. Hearing problems may be accompanied by ringing noises in ears, frequent requests to have words repeated, and talking in a loud voice. Eyesight problems are treated by glasses, medications (eye drops), surgery. Often elderly people need stronger lights for close work or reading. Hearing problems are treated by hearing aids, if possible. Many hearing losses cannot be corrected. However, the person with hearing loss may be helped if those around him/her look directly at him/her while speaking, speak slowly, try not to shout or raise pitch of voice.

4. Diabetes Mellitus: This disease is becoming more common among the elderly. Diabetes is caused by the body's inability to digest glucose (a sugar) due to a lack of insulin. Symptoms of diabetes include frequent urination, thirst, itching, hunger, weight loss. In the older adult, the symptoms are often very mild, usually not causing the adult to see a doctor. Diet control and exercise are the most common means used to treat diabetes in the older adult. Drugs, such as insulin injections, are used in some cases.

5. Teeth/Gums/Mouth Diseases: Even though many of the elderly have lost all or some of their teeth, diseases of the mouth are very common in this group. Care of dentures is important. Care of the gums is equally important. Symptoms of gum disease are gum soreness, bleeding and strong mouth odors. These diseases can be prevented by regular cleaning of gums, teeth and mouth. Serious problems can lead to eating problems and poor nutrition. Treatment by a dentist, usually involving surgery and/or medication, is the only way to cope with these problems.

HOW DO YOU FEEL ABOUT
DEATH AND DYING?*

Directions: Each of the statements below describes a possible feeling or belief about death and dying. Read each of the statements. If you agree with the statement, place an A on the line to the left of the statement. If you disagree with the statement, place a D on the line to the left of the statement. If you are uncertain about how you feel about a statement, place a U on the line to the left of the statement.

A = Agree
D = Disagree
U = Uncertain

__1. Everybody is afraid of death.
__2. Death is an end to all pain and suffering.
__3. I will feel guilty if one of my client's dies.
__4. I fear death.
__5. Life exists after death.
__6. Deep religious beliefs are part of a peaceful death.
__7. Everyone has the right to be told that he/she is dying.
__8. People shouldn't have to die alone.
__9. I don't really think about death.
__10. It's best to avoid talking about the subject of death with a dying client or his/her family.

*Material for this questionnaire was adapted from "How Do you Feel About Death and Dying? A Discussion Guide." This Guide appeared in Counseling for the Aged, Mary Ganikos, ed., American Personnel and Guidance Association, 1979, p. 147.

HELPING THE DYING PERSON

1. Recognize normal steps in dying.

   a. SHOCK and DENIAL
      "I feel fine."
      "The doctor must be wrong."

   b. ANGER and DEPRESSION
      "Why does this have to happen to me?"
      "Just leave me alone!"

   c. ACCEPTANCE
      "I am at peace."
      "I can go now."

2. Do not lie to a dying person. Even if he/she has not been told, a person usually knows that he/she is dying.

3. Do not volunteer information to a dying person about his/her condition. In other words, do not give him/her information he/she doesn't know about his/her condition. Ask the person what he/she knows about his/her condition. Direct his/her questions to the doctor or family member.

4. Even if a person cannot speak, sit with him/her. Show your care by touch or hand holding.

5. Don't be afraid to talk about your feelings with a dying person. Share your feelings about his/her condition. Listen to his/her concerns or questions. Don't talk about other people you've known with similar conditions.

6. Close family or friends of a dying person have similar needs to the dying person. Try to be very kind to them, too. Let them talk about their dying kin.

COMMON MENTAL HEALTH PROBLEMS OF THE ELDERLY

Most elderly people do not have serious mental problems. It is estimated that less than 10-15% of the elderly people have serious mental illness. Less than 3% of the people over age 65 are in mental hospitals or nursing homes because of mental health problems.

Four common mental health problems of the elderly are discussed below. In many cases, these so-called mental problems may be caused by physical problems. When the physical problem is treated, the mental problems go away. Because of this relationship between physical and mental health, all health problems should be seen and treated by a doctor.

1. Depression: Depression is the single most frequent mental problem found in the elderly. Symptoms of depression include sadness, lack of energy, and pessimism (a gloomy outlook on the future). True depressions usually come on suddenly in someone who has previously gotten along okay. Depressions can be brought on through losses the person experiences. Certain physical symptoms often go along with a depression. These symptoms include constipation, loss of weight, poor sleep, and tiredness.

2. Paranoid Reaction: Paranoid reactions are those where the person accuses others of trying to harm him/her or steal things when there is no factual basis for the accusations. A common example of a paranoid reaction could be the elderly person who constantly loses things and then accuses others of taking them. Paranoid reactions are common among elderly people who are also experiencing sensory loss, such as loss of sight or hearing. Often, if the sight or hearing can be improved, the paranoid reaction will go away.

3. Hypochondriasis: Hypochondriasis is a big word used to describe people who are overly concerned about health problems which are either not serious or don't exist at all. For some lonely elderly people, such health complaints may be a symptom of their loneliness and need for attention. In working with a person with hypochondriasis, it is important not to overlook a true complaint which may indicate a serious health problem.

4. Organic Brain Syndrome: Organic brain syndrome is often called by such names as OBS, senility, feebleness, hardening of the arteries, dementia and confusion. When a person has OBS, he/she often can't think right, may have poor memory or coordination. The causes for these problems are some form of brain damage or not enough blood circulating to the brain. When the problem is caused by such things as improper medication, infection, or depression, the problem may be cleared up with treatment. In other cases, where real brain damage has occurred, the problem may not be treatable and may, in fact, get worse.

HINTS FOR WORKING WITH THE CONFUSED/ORGANIC BRAIN SYNDROME (OBS) CLIENT

1. Follow regular routines or care patterns for the client. Perform such tasks as bathing, dresssing, and eating at the same time each day.

2. Encourage independence on the part of the client. Allow him/her to do as much as possible independently, especially in the areas of personal care. Be careful to not allow him/ her to continue with tasks that are too difficult.

3. Accept strange behavior that is not harmful. For example, if a client wants to wear his/her socks inside out or eat with his/her fingers, this should be allowed.

4. Leave familiar objects around for the client to see. Certain items such as pictures, certificates, magazines, books, etc. may be important to the client. It can be upsetting to him/her if these objects are removed.

5. Place objects in the client's view which give a sense of time, such as clocks and calendars. Refer to them in your conversations with the client. A kitchen timer set to note a particular event (meal-time, television show) may help to lessen endless questioning by the client.

6. Anger is natural on your part in giving care to a "confused" client. Try to remember that the client is not doing certain annoying acts on purpose. An angry client who has brain damage usually cannot be reasoned with. Don't try to argue with such a client. Distraction usually works best in these situations; suggest another activity the client likes.

7. Try to plan interesting daily activities for the client. A walk, visit, car ride, music are often good activities for a confused person. Television may be upsetting to some OBS clients if they cannot follow what's going on.

8. Watch for signs that the client's condition is getting worse. Examples of such signs include forgetting to eat or take medicine, wandering or getting lost away from home, and forgetting to turn off the stove.

9. Bathing can be upsetting to a confused person. Take each step slowly, allowing the client to do as much as possible. Tell the client each step before you do it. Try different times of day for bathing, until you find the time that works best.

10. Night-time sleeping problems are quite common with the OBS client. Several things can be tried to lessen this problem. First, try to make sure the client has enough activities during the day so he/she doesn't nap a lot. (See #7.) At bed-time, nightlights in the

bedroom and bathroom can help. A radio, playing softly, may be soothing. If these measures don't work, the doctor may be able to prescribe a sedative/sleeping pill.

11. Eliminate hazards around the house. Discourage the client from smoking or use special ash trays; unplug the electric stove or remove the knobs from the gas stove when not in use. If there are rooms in which the client can lock him/herself, remove or tape the locks. Store medicines under lock and key.

12. Maintaining proper nutrition can be a problem with the brain damaged client. If he/she refuses to eat, try serving familiar or favorite foods. Ask the doctor for a vitamin supplement. If the client plays with his/her food, try serving only one item at a time. Cut foods in bite-sized pieces. Remember your first aid for choking, and use it if needed.

13. If a client tends to wander outside the home, make sure he/she has an ID bracelet or necklace.

14. For the patient who has incontinence (uncontrolled urination or bowel movements), seeking medical attention should be a first step. Many problems of this type are treatable. Establishing a set routine of regular bathroom use every 2-3 hours may help lessen the soiled underwear.

15. Sometimes the confused person may have hallucinations. Hallucination means that the person sees or hears things that are not there. You should neither agree or argue with such a person. Use a comment such as "I don't see the snakes in the bed. I hear you saying that you do. It must be quite upsetting to you."

NON-VERBAL BEHAVIOR CHECKLIST

A. Face and Head Movements

1. Uses head nods
2. Face rigid
3. Blankly staring
4. Turning eyes away when another looks at him(her)
5. Spontaneous eye movements and eye contact
6. Not looking at other when talking
7. Looks directly at other person when he(she) talks

B. Hand and Arm Movements

8. No gesturing (arms rigid)
9. Makes physical contact with other person (shakes hands, touches arm, etc.)
10. Uses hand movements for emphasis
11. Inappropriate arm and hand movements

C. Body Movements

12. Slouching
13. Relaxed posture but not slouching
14. Sitting in fixed, rigid position

D. Body Position

15. Body positioned toward other person
16. Physically distant from person
17. Sits close to person with whom talking
18. Not facing other with body

E. Voice Quality

19. Voice quiver
20. Speech blocks or stammers
21. Lack of emotion or feeling
22. Inappropriate emotion or feeling
23. Too loud
24. Too soft
25. Word usage (slang, formal, excessive use of "you know", etc.)
26. Too fast
27. Too slow

F. General Appearance

28. Dress (flashy, plain, sloppy)
29. Height and weight characteristics (tall, heavy, short, well-built, thin)
30. Grooming (hair, nails, cleanliness)
31. Handicaps (bad eyes, wheelchair, hearing aid, stutter)
32. Manner of walking (smooth, jerky)
33. Quality of smile (tight lipped, spontaneous, smirk)

A GOOD LISTENER ...

1. Listens to all that the speaker is saying, both verbally and non-verbally.

2. Is not talking or getting ready to talk. You can't really listen if you're busy thinking about what you're going to say. This problem comes up a lot during arguments.

3. Lets the speaker know he/she is being heard. This can be done in many ways--head nodding, eye contact, body position, asking questions.

4. Gives full attention to the speaker's concerns. Being preoccupied about other things does not allow you to be a good listener.

5. Eliminates external or outside problems that make listening difficult. Examples of such problems include a noisy room, uncomfortable room temperature and presence of other people. To do this may mean moving to another room or postponing a conversation until another time.

6. Avoids sterotyping or labeling the speaker. Hear the speaker out before you form your opinion. Be aware of value conflicts which get in the way of communication.

ACCEPTANCE*

I accept you.

I approve of you.

I am satisfied with who you are today - not merely with who you may be tomorrow.

You have a right to your uniqueness. I do not need to change you.

There is a constant quality within you that I like - even when it lies hidden beneath some of your actions.

You see... I like you, but not everything you do or say.

I can separate your actions from you, because I realize that you don't always do what you want to do - that you are not always aware and in control - that you are struggling to be happy in the best way you know - just as I am.

So, you can fall on your face, change your mind, get into trouble - and I will not laugh or condemn you.

I will not call you names like "failure" or "trouble-maker" or "hypocrite."

I will not pin labels on you like "dumb" or "lazy" or "bad."

Instead of making judgments about who you are, I will concentrate on how I feel about your actions.

I will not call you "bad," but I will tell you if I feel "bad" about what you have done.

In this way, you can know my limits and realize that you are loveable even though some of your actions are not.

But I must warn you: The more you hurt me, the harder it is for me to accept you.

I cannot be forever patient and tolerant.....

I am human and need acceptance, too.

by Stewart Rogers

*This poem is taken from Discipline in Schools: A Sourcebook, North Carolina Department of Public Instruction, Raleigh, N. C.

COMMON FEELING WORDS

Sad
Confused
Frustrated
Happy
Anxious
Angry
Pleased
Loved
Secure
Hurt
Depressed
Disappointed
Worried
Hostile
Mad
Tense
Unhappy
Mixed-up
Rotten
Worthless
Sexy
Insecure
Miserable

FEELING STATUES

Directions: Pick a person in your group to be the "statue." (Use a different group member for each statue.) All group members should make suggestions as to what non-verbal communication the statue should use to communicate the particular feeling - body position, facial expressions, gestures, etc. "Statues" may do anything except speak/use words.

Group 1

tired
happy
angry

FEELING STATUES

Directions: Pick a person in your group to be the "statue." (Use a different group member for each statue.) Try to model each feeling using your human statue. All group members should make suggestions as to what non-verbal communication the statue should use to communicate the particular feeling - body position, facial expressions, gestures, etc. "Statues" may do anything except speak/use words.

Group 2

discouraged
sad
puzzled/confused

FEELING STATUES

Directions: Pick a person in your group to be the "statue." (Use a different group member for each statue.) Try to model each feeling using your human statue. All group members should make suggestions as to what non-verbal communication the statue should use to communicate the particular feeling - body position, facial expressions, gestures, etc. "Statues" may do anything except speak/use words.

Group 3

jealous
nervous
bored

FEELINGS AND RESPONSES

1. My husband just died after a long illness.
   I feel _____.

   Your response _____

   _____

   _____

2. My daughter is coming to visit me. I haven't seen her in two years!

   I feel _____.

   Your response _____

   _____

   _____

3. My chore provider hasn't come to work today. I haven't had anything to eat.

   I feel _____.

   Your response _____

   _____

   _____

4. My neighbor gets food stamps. I've tried to get them myself, but I've been told I don't qualify.

   I feel _____.

   Your response _____

   _____

   _____

5. I've just had a nice dinner with all of my family. We had fun.

   I feel _____.

   Your response _____

   _____

   _____

CONSTRUCTIVE ARGUMENTS

1. Identify the problem.
2. Allow each person to state his/her feelings.
3. Look at all possible solutions, including the other person's.
4. Be willing to COMPROMISE in order to reach a solution.

Case Examples

1. Mrs. Brown is a chore provider for Mrs. Green. Mrs. Green asks Mrs. Brown to get her a quart of milk. She says she is short of money. She asks Mrs. Brown to buy the milk for her. She tells Mrs. Brown that she will pay her back in a week when she gets her check. Mrs. Green has borrowed money from Mrs. Brown before and has not paid her back.

2. Mrs. Swift is a chore provider for Mr. Jones. Mr. Jones is on a low calorie diet, but he doesn't stick to it. Today, he asks Mrs. Swift to make him a chocolate cake. Mrs. Swift has been instructed not to cook rich sweets for Mr. Jones.

3. Ms. Hill is a chore provider for Ms. Prince. Ms. Prince is confined to a wheelchair. Ms. Prince's many health problems do not allow her to go outside her home very often. Ms. Prince is very attached to several close church members who regularly come to visit her. Lately, these church members have been visiting during Ms. Hill's work hours. These visitors make it difficult for Ms. Hill to get her work done.

APPENDIX B
ANNOTATED LIST OF SOURCES
FOR
TEACHING MATERIALS AND INFORMATION

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Unit I	-	Orientation	181
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ORIENTATION

The specific resources available to assist in this unit will depend on what exists in the local community environment. For information on the chore services program, the local county department of social services will be the best resource. Other possible community programs that offer services to the elderly and disabled are listed below with a brief description of the types of services they usually offer. These agencies, where they exist locally, will be sources for pamphlets, speakers, etc. for the community agency orientation portion of this unit.

Agricultural Extension Service	Educational programs in aging, food and nutrition, consumer problems, housing, gardening
American Cancer Society	Information and counseling about cancer, sometimes sick-room supplies for cancer patients
American Red Cross	Courses in first aid and home nursing, health transportation
Community Action Agency	Programs for low income residents such as home weatherization, senior citizens clubs, emergency fuel assistance, consumer education, transportation
Community College or Technical Institute	Continuing education courses - will develop education programs to meet a specific community need
Council on Aging	Information and referral, nutritional programs, in-home aides, telephone reassurance, transportation, senior citizens clubs
Crisis Hotline	May exist under a variety of names (CONTACT, HOPELINE, etc.) and offers 24 hour telephone crisis counseling, telephone reassurance
Department of Human Resources CARE-LINE (1-800-662-7030)	Provides information and referral on any human service in the state through a centralized, computer-assisted, toll-free telephone system

Department of Parks and/or Recreation	Programs of recreation and education for people of all ages. Specifically for the elderly such activities as bowling, bridge, ceramics, exercise, and field trips
Division of Services for the Blind (DHR)	Many services for the visually impaired such as financial assistance, mobility training, in-home services, rehabilitation services
Division of Vocational Rehabilitation (DHR)	Vocational services to the handicapped and disabled, such as medical, training, job placement, counseling
Health Department	Clinics, nursing, nutritional counseling, physical and occupational therapy, home health aides
Heart Association	Educational programs, patient information and referral service
Housing Authority	Low income housing, sometimes sponsors development of special housing for the elderly and handicapped
Lawyer Referral Service 1-800-662-7660	Free referrals to lawyers in N.C. who will offer initial consultation for a reduced rate
Legal Assistance Program "Legal Aid"	Free legal advice and representation for civil cases to low-income persons. Offers assistance and education in consumer education, divorces, wills, etc.
Mental Health Center	Mental health counseling and education
Public Library	Books, films, homebound service, large print books, talking books
Social Security Administration	Financial assistance (SSI, retirement, disability, and survivor benefits), Medicare

Veterans Administration	Financial and medical benefits to eligible veterans
Volunteer Services Bureau	Recruits, screens, trains and places volunteers in public and private non-profit agencies. Volunteers may assist the elderly and disabled as friendly visitors, shopping aides, etc.

NUTRITION

Aging Superintendent of Documents Government Printing Office Washington, DC 20402	The September-October, 1980 issue of Aging was devoted to the topic, "Nutrition and the Elderly." The articles in this issue are excellent and would be a good instructor resource for this topic.
Dairy and Food Nutrition Council North Carolina Division Suite 105, Koger Building 2306 W. Meadowview Road Greensboro, NC 27407	The Council has a good selection of inexpensive teaching materials on the Basic Four and menu planning.
Division of Health Services Nutrition and Dietary Branch Department of Human Resources P.O. Box 2091 Raleigh, NC 27602	The Division has a number of nutrition and dietary educational materials which may be obtained from the Raleigh office. Also your local county health department probably employs a nutritionist who could serve as a resource person in this area.
Division of Health Services Film Library Department of Human Resources Raleigh, NC 27602	The film library has a number of films on nutrition available at minimal cost.
Food and Nutrition Service, or Agricultural Research Service U.S. Department of Agriculture Hyattsville, MD 20782	USDA publishes a number of good booklets on basic nutrition and and nutrition for the elderly. Many of their publications also include shopping tips and recipes. The booklet titled Cooking For Two is especially recommended.
National Dairy Council Rosemont, IL 60018	The NDC has good instructional materials available, especially on nutritional labeling and menu planning (including food models).

North Carolina Agricultural
Extension Service
(Consult your local telephone directory for address/telephone number of local Extension Agent.)

The service has pamphlets, brochures, etc. available on nutrition, special nutrition topics, recipes, wise shopping, etc. A good number of these publications are free. Also extension service employees are usually excellent resource people for this area.

Tupperware Home Parties
Educational Services Dept.
FLO-8
P. O. Box 2353
Orlando, FL 32802

Tupperware has developed a good, inexpensive filmstrip/audio cassette series on nutrition titled "Food to Live On".

HOME MANAGEMENT

Agricultural Extension Service North Carolina State University Raleigh, North Carolina 27605	The Agricultural Extension Service has instructional materials available on a variety of home management subjects, including appliance care and use of home cleaning products in their "Homemakers Series".
Consumer Information Department Corning Glass Works Corning, New York 14830	Home safety information is given in an educational program called the Kitchen Survival Kit. The program contains a filmstrip, audio tape, quizzes, games and hand-outs.
Division of Health Services Film Library North Carolina Department of Human Resources Raleigh, North Carolina 27602	The film library has films, filmstrips, and tape recordings available for rental at no cost except for return postage. A number of the materials deal with home management subjects.
Fire Department (City, Town)	Local fire departments usually have a fire prevention bureau which will provide pamphlets, films, speakers, etc. on request.
National Institute for the Food Service Industry 120 South Riverside Plaza Chicago, Illinois 60606	The Institute publishes information on safe, sanitary food handling techniques.
National Safety Council 425 North Michigan Avenue Chicago, Illinois 60611	The Council has pamphlets on home safety and accident prevention.
Sister Kenny Institute Abbott-Northwestern Hospital, Inc. 2727 Chicago Avenue Minneapolis, Minnesota 55407	The Institute publishes an excellent book on special equipment and procedures to help disabled homemakers perform household tasks. The book is titled Adaptations and Techniques for the Disabled Homemaker.
Travelers Insurance Company 1 Tower Suite Hartford, Connecticut 06115	This company publishes an education kit on home safety and accident prevention called, Home Is Where the Hurt Is.

Tupperware Home Parties Educational Services Dept. FLO-8 P. O. Box 2353 Orlando, Florida 32802	Tupperware has educational materials on time, energy, and money management ("Planning to Eat") and food handling/storage ("Keeping Food Fit").
U.S. Consumer Product Safety Commission 5401 Westbard Avenue Bethesda, MD 20207	Pamphlets and other education tools on appliance care and safety are available from the Commission.
Underwriters' Laboratories 207 E. Ohio Street Chicago, Illinois 60611	Underwriters' Laboratories provide information on electrical safety standards.

PERSONAL CARE

American Red Cross 17th and D Streets, N.W. Washington, D.C. 20006 - or - local chapter address	The Family Health and Home Nursing textbook, an ARC publication used in their home nursing course and the accompanying instructor's guide are excellent sources for knowledge and teaching techniques.
Department of Health and Human Services Health Care Financing Adminis. c/o Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402	HCFA has prepared a two volume publication, Working With Older People: A Guide to Practice. Volume 1 contains a section on common diseases of the elderly.
Department of Health and Human Services: Public Health Services National Institutes of Health c/o Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402	The DHS and the NIH conjointly publish free or inexpensive booklets on major health problems and how to cope with them. Some good titles include How to Cope with Diabetes, How to Cope with Arthritis, Headaches, Hardening of the Arteries, and Sickness and Poverty: A Handbook for Community Workers. These titles and/or a publication list may be obtained from the address at left.
Division of Health Services Film Library North Carolina Department of Human Resources Raleigh, N. C. 27602	The library has films available on bathing, taking temperature, pulse, and respiration, and bed-making (occupied and unoccupied).
National Homecaring Council 67 Irving Place New York, N.Y. 10003	The Council's publication, Model Curriculum and Teaching Guide for the Instruction of Homemaker-Home Health Aides contains a good section on personal care techniques.
North Carolina Agricultural Extension Service North Carolina State University Raleigh, N. C. 27605	The Extension Service has published a free booklet titled, Physically Handicapped: Aids to Self Help in Homemaking, Grooming, and Clothing (Extension Publication HE-137). This booklet contains many inexpensive ideas which may be adapted to maximize the independence of the disabled adult in the home. The booklet also contains suggestions about where to write for additional information and equipment.

North Carolina Heart Assoc.
1 Heart Circle
Chapel Hill, N. C. 27514
-or-
American Heart Association
7320 Greenville Avenue
Dallas, Texas 75231

The Association has put together a packet of stroke literature. The packet contains useful materials on a variety of stroke-related subjects which emphasize rehabilitation and information for the family.

Scriptographic Booklets
Channing L. Bete Co., Inc.
Greenfield, Mass.

Booklets available in this series include such titles as About Dying and You and Your Blood Pressure. They are written for the lay person and are very informative. The booklets are available cheaply in bulk rates so that selected titles could be distributed to all students.

Sister Kenny Institute
Abbott - Northwestern Hosp. Inc.
2727 Chicago Ave.
Minneapolis, Minnesota 55407

The Institute's publication, Adaptations and Techniques for the Disabled Homemaker contains suggested procedures and equipment to assist disabled persons in performing household tasks. Architectural modification is also discussed.

United Ostomy Association, Inc.
1111 Wilshire Boulevard
Los Angeles, California 90017

The Association publishes Ileostomy: A Guide. This excellent book contains information on ileostomy care, problems, and sources for help. The book is inexpensive and would be an excellent resource for chore providers with ileostomy clients.

American Diabetes Assocation 600 5th Ave. New York, N.Y. 10026 -or- local chapter	The ADA has information available to the public on diabetes, including symptoms, detection, treatment, and management.
American Dental Association 211 E. Chicago Ave. Chicago, Illinois 60611	The Association has educational materials available on dentures, plaque control, etc.
American Red Cross 17th and D Streets, N.W. Washington, D.C. 20006 -or- local chapter address	The ARC book, Family Health and Home Nursing, previously suggested as a text for the personal care unit, contains a good section on the aging process, pp. 177-226.
American Speech and Hearing Assoc. 9030 Old Georgetown Rd. Washington, D.C. 20014	The Association has educational materials available on problems of the hearing impaired. Also local Quota Clubs may provide information on this subject.
Arthritis Foundation North Carolina Chapter P.O. Box 2505 Durham, NC 27705 1-800-672-0949	The Foundation has information available on arthritis including latest treatment techniques
Bureau of Audiovisual Education University of North Carolina 111 Albernathy Hall, Room 002A Chapel Hill, NC 27514	The Bureau has films on a variety of topics related to aging available on a rental basis. The film Death and Dying; produced by WGBH, Boston, mentioned in the curriculum is available through the Bureau.
Communicating with the Elderly Vicki Freimuth & Kathleen Jamieson Speech Communication Association 5205 Leesburg Pike Falls Church, Va. 22041	This book contains information on the theoretical basis for stereotypes about the elderly and practical exercises and activities designed to improve intergenerational communication.

Counseling the Aged Mary L. Ganikos, ed. American Personnel & Guidance Association 5203 Leesburg Pike Falls Church, Va. 22041	This book and the accompanying instructor's handbook contain training modules on a number of gerontology-related topics such as, death and dying, minority elderly, retirement, and housing.
Department of Health and Human Services Health Care Financing Adminis. c/o Superintendent of Documents U. S. Government Printing Office Washington, D.C. 20402	HCFA has prepared a 2 volume publication titled, Working with Older People: A Guide to Practice. The volumes contain information and references on the physical and psychosocial aspects of aging.
Department of Health and Human Svcs. Office of Human Development Services Administration on Aging c/o Superintendent of Documents U. S. Government Printing Office Washington, D.C. 20402	The AoA publishes a materials containing factual information on the elderly. One pamphlet, Facts About Older Americans, is updated annually and would be a good class handout.
Division of Health Services Film Library North Carolina Department of Human Resources Raleigh, N. C. 27602	The Library has a number of films available on aging topics. Titles available include Peege, Trigger Films on Aging, Gerontology Care Series, To Make a Wish and Perspectives on Aging.
Health Activation for Senior Citizens Health Activation Network P.O. Box 923 Vienna, Virginia 22180	This book is actually a course outline to be used by senior citizens groups or people who work with older people. The course discusses common health problems of the elderly including dental health, foot problems and nutrition.
John Hopkins University School of Medicine Dept. of Psychiatry Baltimore, Maryland 21205	JHU has written a booklet titled, Family Handbook, A Guide for the Families of Persons with Declining Intellectual Function. The booklet contains many practical approaches for coping with individuals who have a dementia.

Mental Illness in Later Life
Ewald W. Busse, M.D.
Eric Pfeiffer, M.D.
American Psychiatric Association
1700 Eighteenth St., N. W.
Washington, D.C. 20009

This book is an excellent source of reference material on the psychological changes which occur in later life. Part II contains an excellent section on common questions about the aging process.

Nobody Ever Died of Old Age
Sharon R. Curtin
Little, Brown and Company
Boston, Mass.

Excellent book containing case examples of how the elderly are treated in America. The examples would serve as a good basis for class discussion on societal attitudes toward the elderly.

North Carolina Society
To Prevent Blindness, Inc.
P.O. Box 3852
Durham, NC 27702

The Society provides information on visual problems. It also runs a glaucoma screening program for older adults.

Psychology of Adult Development and Aging
Carl Eisdorfer & M. Powell Lawton, eds.
American Psychological Association
1200 Seventeenth St., N.W.
Washington, D.C. 20036

This book contains background material on the psychosocial aspects of aging.

Body Language (1971)
Julius Fast
Simon & Schuster
New York, N. Y.

This book contains useful background material on non-verbal communication

Counseling Elders and Their Families Practical T chniques for Applied Gerontology (1979)
John Herr and John Weakland
Springer Publishing Co.
New York, N.Y.

This book provides excellent insight into communication problems in families with elderly members. Many case examples are given.

Discovery (1979)
Student Handbook
Teacher Guide
Wake County Public Schools
601 Devereux St.
Raleigh, N. C.

These materials were developed by the school system for use in the peer counseling program. Many excellent communication exercises are included in the program. The materials are free from the school system.

Scriptographic Booklets
Channing L. Bete Co., Inc.
Greenfield, Mass.

This company publishes a number of easy-to-read, yet informative, booklets on a variety of topics, including communication. Especially good titles are How To Understand Yourself and What Everyone Should Know About Mental Health

The Language of Feelings (1976)
David Viscott, M.D.
Arbor House, N.Y.

This book offers material on the subject of feelings, both their origins and interpretation. Some of the material would be appropriate to be used as the basis for class discussion.

Tune In (1973)
Donald & Nancy Tubesing
Listening Group
P.O. Box 3151
Duluth, Minn. 55803

The workbook, Tune In, and the accompanying instructor's manual contain communication exercises and background material.

You & Me (1977)
Gerard Egan
Brooks Kole Publishing Co.
Monterey, California

This book is designed to teach interpersonal relationship skills to lay persons. It includes background material and student exercises.

APPENDIX C
COURSE EVALUATION

Directions: Please answer the following questions. Your answers will be used to improve our training program.

1. How do you feel about the length of the classes? (Circle one)

   Too Long Just Right Too Short

   Comments:

2. How do you feel about the setting (room, location) where the classes were held? (Circle one)

   Good Fair Poor

   Comments:

3. Do you feel the classes will be useful to you in your work as a chore provider? (Circle one)

   Very Useful Somewhat Useful Not Useful

   Comments:

4. What are some things you would like to see added to the classes?

5. What are some things you would like to see taken out of the classes?

6. Please rate the following with respect to the teaching methods of the classes.

	Good	Fair	Poor
Teachers	____	____	____
Handouts	____	____	____
Films	____	____	____
Class Discussion	____	____	____

Comments: